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ABSTRACT

From mid 1998 to mid 1999, The Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) provided funding and intensive support for eight agencies that provide services to young people to reorient an aspect of their service to an early intervention approach. The agencies developed a range of tailored, potentially sustainable early intervention strategies. These included educating staff and management about early intervention, developing resources, incorporating early intervention principles into agency policy, fostering informal and formal partnerships with other agencies and the broader community, and allocating resources so that the strategies could be sustained. This report describes the results of a follow-up evaluation of the Auseinet reorientation of services projects. A capacity building framework is used to illustrate the extent to which the strategies developed in the reorientation projects have been sustained or expanded. Further, the report demonstrates that the projects have achieved many of the activities, process indicators and outcome indicators proposed in the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000. The report also presents a compiled list of predictors of sustainability, identifies barriers to reorientation and presents some lessons learned from the reorientation process. A summary of the original reorientation projects is presented first to provide a context for the follow-up evaluation. (Contains 22 references and 13 tables.) (GCP)

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Building capacity for mental health

A two and a half year follow-up of the Auseinet reorientation of services projects

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Building capacity for mental health

A two and a half year follow-up of the Auseinet reorientation of services projects

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2002

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Auseinet is funded by the Commonwealth Department of Health and Ageing under the National Mental Health Strategy and the National Suicide Prevention Strategy and is supported by Flinders University of South Australia. Auseinet supports a national network of people, in a wide variety of settings, to access knowledge and stimulate discussion on issues relating to promotion, prevention and early intervention for mental health and suicide prevention across the lifespan.

The opinions expressed herein are those of the authors and not necessarily those of the Commonwealth Department of Health and Ageing.

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Hunter Mental Health Services & Department of Community Services (Newcastle, New South Wales)
Child and Family Services (Launceston, Tasmania)
Children of Prisoners' Support Group (Sydney, New South Wales)
Mildura Aboriginal Corporation (Mildura, Victoria)
Karawara Community Project (Perth, Western Australia)
Anglicare CQ (Rockhampton, Central Queensland).

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Executive summary

This report describes the results of a follow-up evaluation of the Auseinet reorientation of services projects, which was undertaken two and a half years after seed funding had ceased. We have used a capacity building framework to illustrate the extent to which the strategies developed in the reorientation projects have been sustained or expanded. Further, we have demonstrated that the projects have achieved many of the activities, process indicators and outcome indicators proposed in the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 (Commonwealth Department of Health and Aged Care, 2000a). We have also compiled a list of predictors of sustainability, identified barriers to reorientation and presented some lessons learned from the reorientation process. A summary of the original reorientation projects is presented first to provide a context for the follow-up evaluation.

The reorientation projects (July 1998 to May 1999)

Purpose

From mid July 1998 to the end of May 1999, Auseinet provided seed funding and intensive support to eight agencies that provided services to children and young people to reorient an aspect of their service to an early intervention approach to mental health. The aim was to give the agencies the opportunity to build their capacity by developing a range of tailored, potentially sustainable strategies.

Reorientation projects were conducted by:

- Barrington Support Service (Devonport, Tasmania);
- Lower Great Southern Primary Health Service & Albany District Education Office (Albany, Western Australia);
- Hunter Mental Health Services & Department of Community Services (Newcastle, New South Wales);
- Child and Family Services (Launceston, Tasmania);
- Children of Prisoners' Support Group (Sydney, New South Wales);
- Mildura Aboriginal Corporation (Mildura, Victoria);
- Karawara Community Project (Perth, Western Australia);
- Anglicare CQ (Rockhampton, Central Queensland).

Outcomes

The summary of outcomes described here follows the capacity building framework developed by the New South Wales Health Department (NSW Health Department, 1998, 2001).

All agencies made ***workforce development*** the foundation of their reorientation process. As most of the agencies were not primarily mental health focused, enhancing the mental health literacy of staff was a vital first step in reorientation. They informed staff about the mental health issues faced by the young people who used their service, gave them the skills to recognise risk factors and early warning signs, and established procedures for appropriate referral. The training programs were documented to guide future training needs and to provide resources for staff.

All of the projects showed evidence of ***organisational development.*** Management support was demonstrated by the formation of steering committees, reference groups and umbrella groups. Policy development occurred within as well as between agencies. One project developed an early intervention policy outlining referral and support mechanisms and others developed recommendations for incorporating early intervention into new policies. Two projects developed formal interagency agreements and policies.

The development of ***partnerships*** was one of the most successful aspects of the reorientation projects. Most of the agencies established new networks or strengthened existing ones by including guest speakers and staff from other agencies in their training programs. Several of the projects developed successful formal partnerships. Two of the larger projects were collaborations between influential agencies and had the resources to allow the projects to expand beyond their original scope.

All of the agencies ***allocated resources*** to the projects and several of the larger agencies contributed additional funds to employ the reorientation officer full-time. After Auseinet funding had ceased, most of the agencies had allocated funds to sustain or expand the reorientation process or to take it in a new direction.

Barriers

Most of the reorientation officers thought that the resources allocated to the project were insufficient and that they had insufficient time in which to achieve the objectives of the project. Several of the reorientation officers in the non-government agencies found their workload particularly demanding because they were employed on a half-time basis. Staff in some of the agencies were initially reluctant to be involved in the reorientation projects because of their already heavy workloads. Generally, as they became involved in the training they became more enthusiastic about the project and prioritised their time to enable greater involvement.

Follow-up evaluation (November 2001)

Purpose

The follow-up evaluation was conducted two and a half years after the seed funding from Auseinet had ceased. The purpose was to:

- determine the extent to which the strategies that were developed in the reorientation projects had been sustained or expanded;
- identify opportunities for and barriers to reorienting services to an early intervention approach; and
- identify factors which may be useful in predicting sustainable change within an organisation.

Outcomes

Most agencies had sustained or expanded their early intervention activities two and a half years after the reorientation project. The extent of reorientation ranged from conceptual shifts in staff knowledge and increased awareness and identification of mental health problems, through to extensive implementation of mental health promotion, prevention and early intervention programs and the development of partnerships with other agencies and the community.

In five of the eight agencies (Barrington Support Service, Lower Great Southern Primary Health Service, Mildura Aboriginal Corporation, Karawara Community Project and Anglicare CQ), further early intervention projects were conducted, the agencies were better able to detect mental health problems and target referrals, there was an increase in mental health awareness and literacy within the organisation and in the community, and increased support from the community.

One agency (Hunter Mental Health Service) noted that while the strategies developed in the reorientation project had not been sustained, the project had led to different ways of implementing early intervention activities and subsequent success with other projects. The remaining two projects (Children of Prisoner's Support Group and Child and Family Services) noted a marked change in early intervention ways of thinking and referrals although they did not have the resources to continue concrete projects.

Several of the agencies reported that the reorientation project had given them the confidence to undertake other projects or apply for further funding. Most of the agencies considered that the reorientation projects served as a useful platform from which to either begin or expand early intervention activities.

Towards the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000

Taken together, the eight reorientation projects focus on five of the fifteen priority groups outlined in the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 (Commonwealth Department of Health and Aged Care, 2000a). Most of the projects address 'children 5-11 years' and 'young people 12-17 years' and all but two also address at least one other priority population.

The two school-based projects (Barrington Support Service and the Lower Great Southern Primary Health Service and Albany District Office collaboration) achieved many of the key national activities for school-aged children and young people and also made significant progress towards achieving the process and outcome indicators proposed in the National Action Plan 2000. Similarly, Mildura Aboriginal Corporation and Anglicare CQ achieved many of the activities and progress indicators proposed for their respective priority populations (i.e. 'Aboriginal peoples and Torres Strait Islanders' and 'Rural and remote communities'). These four projects were also considered to have been successfully sustained, as judged against capacity building criteria.

The remaining four projects, which addressed issues faced by 'individuals, families and communities experiencing adverse life events', did not achieve the activities proposed for this priority population in the Nation Action Plan 2000. It is worth noting that the three projects that had difficulty sustaining their reorientation activities (i.e. Hunter Mental Health Service and Department of Community Services, Child and Family Services, and Children of Prisoners' Support Group) all fall within this category. It should also be noted, however, that these projects did achieve some of the activities proposed for 'children aged 5-11' and 'young people aged 5-17'.

Overall, the projects achieved many of the activities, process indicators and outcome indicators outlined in the National Action Plan 2000. There was a close match between the success of a project, as judged against criteria from the capacity building literature, and the extent to which it had moved towards the goals set out in the National Action Plan 2000.

Predictors of sustainability

A list of predictors of sustainability has been developed from the literature on capacity building and follows the capacity building framework outlined by NSW Health Department (1998, 2001). Most of the predictors are relevant to all of the agencies, but the particular strategies used were applied in unique ways and according to the needs of the agency, their clients and the community. The predictors are presented as a useful guide for others wishing to reorient their services, but are not intended to be prescriptive.

Predictors of sustainability

Workforce development

- Up-skilling of workforce (Gray & Casey, 1995; Hawe et al., 1997)
- Staff commitment to an early intervention approach (Gray & Casey, 1995)
- Reframing current practice to an early intervention approach
- Tailoring early intervention activities to the local context (NSW Health, 2001)

Organisational development

- Management support for early intervention activities (Gray & Casey, 1995; NSW Health, 2001)
- Reference group to guide activities (Gray & Casey, 1995)
- An organisational culture that supports an early intervention approach (Hawe et al., 1997)
- Fit of early intervention activities with the policy structure of agency (NSW Health, 2001)
- Absorption of early intervention into the agency's everyday practices (Hawe et al., 1997)
- Agency's ability to problem solve (Hawe et al., 1997)

Resource allocation

- Dedicated driver of early intervention activities (NSW Health, 2001)
- Funding to support activities (NSW Health, 2001)
- Access to information and specialist advice (NSW Health, 2001)

Partnerships

- Informal links with other agencies (Hawe et al., 1998)
- Formal interagency partnerships (NSW Health, 2001)
- Interest in activities from other agencies (Hawe et al., 1997)
- Community interest and support for early intervention activities

Barriers

Many of the barriers identified in the original reorientation projects were still evident at follow-up. High staff turnover rates are a reality in many agencies; therefore time and resources need to be devoted to training new staff in early intervention. The heavy workloads of staff remained an issue, although some of the agencies developed strategies to reframe rather than add to existing workloads.

Most of the agencies felt that the sustainability of the projects was largely dependent on funding. Seed funding was perceived as being useful for platform activities, but all identified the marked need for more funding to sustain and expand early intervention activities. Many of the agencies reported that their involvement in the Auseinet project had helped them to secure funding from other sources.

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New barriers were identified at follow-up, when many of the agencies were applying early intervention approaches directly with clients. They often found it difficult to refer clients with early signs of mental health problems to mental health services because the latter typically function from a crisis intervention model. In addition, mental health services already have high demands on their services and are often not able to take on new referrals.

Conclusion

The reorientation process adopted by Auseinet has been sustained in most of the eight agencies and has led to further early intervention activity for mental health. It was clear that sustainability was tied heavily, but not exclusively, to funding. Reorientation of services was most often achieved where there was also commitment from staff and management to an early intervention approach and where partnerships had been developed with other agencies and the broader community. Most agencies supported the need for interagency collaboration to better meet the needs of the young people who access their services. All of the agencies expressed concern about the load on mental health services, which often translated into barriers with referrals.

Replication of the reorientation process, with modifications to suit individual needs, is recommended for other agencies with an interest in reorienting their service toward an early intervention approach to mental health. The reorientation projects have demonstrated that although the eight agencies differed in their geographical location, client base and service delivery models, many of the opportunities and barriers they experienced were common. It is encouraging to note that although the agencies did not contain a specialist mental health workforce most of them successfully raised their awareness of early intervention and reoriented their practices to an early intervention approach.

Chapter 1

Introduction

Background

While most mental health services in Australia focus on the management and treatment of existing mental illness, there is an increasing interest in providing mental health promotion, prevention and early intervention activities to prevent or slow the course of illness. The need for early intervention in the delivery of mental health services has been recognised as a key objective in the National Mental Health Strategy (Australian Health Ministers, 1992, 1998).

The reorientation of services is one of the main strategies proposed in the Ottawa Charter for Health Promotion (World Health Organization, 1986). As agencies often deal with mental health issues at a primary level, a shift to an early intervention approach may help to disrupt the impact of mental illness on other areas of life. However, many agencies operate in challenging social, economic and political contexts. While they may recognise the benefits of adopting an early intervention approach, translating this into service provision can be daunting.

From mid 1998 to mid 1999, The Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) provided funding and intensive support for eight agencies that provide services to young people to reorient an aspect of their service to an early intervention approach. The agencies developed a range of tailored, potentially sustainable early intervention strategies. These included educating staff and management about early intervention, developing resources, incorporating early intervention principles into agency policy, fostering informal and formal partnerships with other agencies and the broader community, and allocating resources so that the strategies could be sustained.

This report describes the results of a follow-up evaluation of the reorientation projects that was undertaken two and a half years after the seed funding from Auseinet had ceased. The report can be read as a stand-alone document. Where appropriate we have summarised key information about the development and outcomes of the reorientation projects to provide a context for the detailed results of the follow-up evaluation.

Readers who want more detailed information about the strategies used to establish the reorientation projects can consult *Model projects for early intervention in the mental health of young people: Reorientation of services* (O'Hanlon, Kosky, Martin, Dundas & Davis 2000). This book describes the rationale for the reorientation projects, the selection of the agencies and the methods used to train and support the reorientation officers. It includes background information on each agency, describes their reorientation strategies and discusses the

opportunities and barriers they encountered. It concludes with an overview of strategies within a capacity building framework and a discussion of lessons learned from the reorientation process.

Those wishing to read more broadly about early intervention in mental health may wish to consult *Early intervention in the mental health of young people: A literature review* (Davis, Martin, Kosky & O'Hanlon, 2000). This Auseinet publication examines the rationale for early intervention approaches to mental health, explores definitions and an underlying conceptual framework, discusses methodological issues and presents an evidence-based review of the international literature on early intervention.

The Commonwealth Department of Health and Ageing has developed a National Action Plan that outlines the policy and conceptual framework for promotion, prevention and early intervention for mental health in Australia (Commonwealth Department of Health and Aged Care, 2000a). A companion monograph provides the theoretical and conceptual framework for the plan (Commonwealth Department of Health and Aged Care, 2000b).

All of these publications can be downloaded from the Auseinet website www.auseinet.com.

Content of the report

We hope that this report, along with the original book describing the reorientation process (O'Hanlon et al., 2000), will guide other agencies wishing to reorient their services. We wish to emphasise that the strategies described herein are not prescriptive. While some of the strategies were used by all of the agencies, they were applied in unique ways and according to the needs of the agency, their clients and the community. Other strategies and approaches are specific to individual agencies and may not be applicable in other circumstances. We recommend that agencies use their own judgement as to which strategies are appropriate for them.

In Chapter 2 we outline the capacity building framework which has been developed by NSW Health Department and which we have applied both to the reorientation projects and to the follow-up evaluation.

Chapter 3 provides background information on the reorientation projects to provide a context for the follow-up evaluation. We describe the selection of the agencies, the ways in which Auseinet supported the reorientation process, the strategies developed by the agencies and the broad outcomes that each achieved.

Chapter 4 outlines the methods used to evaluate the projects at two and a half year follow-up. The outcomes of the evaluation are presented in Chapters 5 to 12. For each agency, follow-up outcomes are particularised against the achievements of the reorientation project in order to show whether strategies have been sustained, expanded or discontinued. Key outcomes are highlighted and barriers to reorientation are identified.

In Chapter 13 we draw the evaluations together to present an overview of the strategies that were used to sustain the reorientation process. We have demonstrated that the projects have achieved many of the activities, process indicators and outcome indicators proposed in the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 (Commonwealth Department of Health and Aged Care, 2000a). We have also compiled a list of predictors of sustainability and identified barriers to reorientation. The report concludes with a discussion of the lessons we have learned from the reorientation process.

Terminology

Auseinet

The Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) is a national project funded by the Commonwealth Department of Health and Ageing under the National Mental Health Strategy and the National Suicide Prevention Strategy. Auseinet was originally established in 1997 to coordinate a national approach to early intervention for mental health in children and young people. It expanded in 2001 to include mental health promotion and prevention as well as early intervention, and to cover the entire lifespan. Auseinet supports a national network of people, in a wide variety of settings, to access information and stimulate discussion on issues relating to promotion, prevention and early intervention for mental health and suicide prevention across the lifespan.

Early intervention

At the time of the reorientation projects, Auseinet considered 'early interventions' to be those aimed at individuals or groups who are known to be at higher than average risk of developing a mental disorder, as well as individuals who either have early signs or symptoms of a disorder or are identified as being in the early stages of a disorder. These equate with selective interventions, indicated interventions, case identification and treatment for known disorders, as described by Mrazek and Haggerty's (1994) in their mental health intervention spectrum for mental disorders.

During the timeframe of the reorientation projects, the definition of early intervention used by the Commonwealth Mental Health Branch and some other groups in Australia was redefined to include only indicated interventions, case identification and treatment for known disorders (i.e. where signs and symptoms of a disorder are present). Selective interventions were considered to be 'prevention' given the absence of signs and symptoms (Commonwealth Department of Health and Aged Care, 2000b).

Capacity building

Capacity building is central to the process of reorientation. It refers to the implementation of integrated sets of strategies to enhance an organisation's capacity to achieve health gains. Capacity can be built by developing strategies across several key components including workforce development, organisational development, partnerships and resource allocation.

Agencies

The agencies described in this report include small support groups, community projects, non-government organisations and government departments of education, health and community services. The agencies were not necessarily primarily mental health focused, but they all provided services to a significant number of children or young people who had, or were at risk of developing, mental health problems.

Reorientation projects

The reorientation projects to which we refer throughout the report were conducted in eight agencies around Australia that provide services to children and young people. The projects received seed funding and intensive support from Auseinet from mid July 1998 to the end of May 1999.

Chapter 2

The capacity building framework

Capacity building

The reorientation of services projects and the follow-up evaluation described in this report are both presented within a capacity building framework. Reorienting a service is essentially a process of organisational change for the purpose of achieving clearly specified health gains (Gray & Casey, 1995).

The term 'capacity building' is sometimes used simply to refer to the capacity of an organisation to build an infrastructure to support particular programs, at other times to refer to the capacity for a program to be sustained after an initial demonstration phase. It is also used more broadly to encompass the problem solving capability of individuals, organisations and communities whereby they develop generalised skills to tackle a range of health issues (Hawe, King, Noort et al., 1998, 2000; NSW Health Department, 1998, 2001).

Given this lack of consistency in usage, NSW Health Department (Hawe et al., 2000) has recommended that the specific type of capacity building activity be clearly stated. In the work undertaken by Auseinet, the reorientation projects most closely match the building of a potentially sustainable infrastructure. The follow-up evaluation assesses whether sustainability has been achieved and also seeks to identify instances of problem solving capability.

A strategic framework

The New South Wales Health Department (Hawe et al., 2000; NSW Health Department, 1998, 2001) has developed a strategic framework for building capacity within an organisation. Capacity can best be sustained by developing integrated sets of strategies across key components.

Workforce development

Workforce development focuses on improving the skills and knowledge of the staff within the organisation. Strategies can include continuing education, professional development and training opportunities for staff, as well as professional support and supervision.

This chapter has been adapted from a previous Auseinet publication: O'Hanlon, A., Kosky, R., Martin, G., Dundas, P. & Davis, C. (2000). *Model projects for early intervention in the mental health of young people: Reorientation of services.* Adelaide: AusEinet.

Organisational development

Organisational development focuses on strengthening organisational support for building capacity by developing strategic plans and policies, ensuring management support and commitment (e.g. by involving senior managers in steering committees) and developing recognition and reward systems.

Resource allocation

Resource allocation is listed as a separate component to organisational development in order to emphasise its importance. An organisation's chances of building capacity are likely to be increased if sufficient financial, human and administrative resources are made available and if staff members have access to information and specialist advice when required.

Partnerships

Health gains are more likely to be sustained if capacity building strategies involve key individuals and groups in other organisations and in the broader community (Lefebvre, 1992; Gray & Casey, 1995; Hawe et al., 1998). The development of partnerships and networks are vital for building and sustaining capacity (Kickbusch, 1997; Nutbeam, 1997; Radoslovich & Barnett, 1998; Hawe, Noort, King & Jordens, 1997; Scriven, 1998). Partnerships can be informal or formal. Strategies for developing informal partnerships include networking with other organisations, sharing information and working together to develop training programs. Partnerships can be formalised through strategies such as the development of shared plans, agreements and policies.

Sustainability

Given that health organisations often have scarce resources, it makes sense to build mechanisms that have the potential to be sustained in the longer-term (Hawe et al., 1997). Sustainability can be defined as the extent to which initiatives and programs have been absorbed into the everyday practice of the organisation after the dedicated funding has ceased (Hawe et al., 1997). Initiatives are more likely to be sustained if individuals and organisations are encouraged to take responsibility for identifying, planning and implementing their own initiatives (Radoslovich & Barnett, 1998).

Measurement

Measuring the extent to which capacity has been built and sustained is particularly challenging. Reorientation is a lengthy process and many positive outcomes may not be apparent in the short term. Gray and Casey (1995) identified a range of interrelated measures to determine the success of capacity building strategies within an organisation. These include the commitment of senior management, the allocation of resources, coordination to ensure a solid infrastructure to support initiatives, increased skills across the whole organisation and working with other sectors to achieve sustainable health gains. Funnell and Oldfield (1998) identified indicators to determine the success of partnerships. These include knowledge and attitude change, skill development, policy change and service and environment change.

Chapter 3

The reorientation projects
July 1998 to May 1999

In order to put the follow-up evaluation into context we have briefly outlined the methods used to select and support the reorientation projects, the main strategies used to build capacity and the outcomes of the projects. Readers wanting more detailed information may wish to consult the full account described by O'Hanlon et al. (2000).

Purpose

From July 1998 to May 1999, Auseinet provided seed funds and intensive support for agencies to reorient an aspect of their service to an early intervention approach to mental health. The aim was to give agencies the opportunity to build their capacity for early intervention by developing a range of tailored, potentially sustainable strategies.

Selection

Agencies that wished to reorient their service delivery were invited to tender for a seed grant. Two hundred and thirty three agencies requested information and seventy nine agencies applied for a grant. Auseinet aimed to select a range of agencies that reflected the cultural, geographic and functional diversity of service providers across Australia.

There were several selection criteria. The agencies had to provide services to a significant number of children or young people in distress, but did not have to be primarily mental health focused. They had to demonstrate an understanding of early intervention in mental health issues and be able to show how it related to their work. The staff of the agencies had to be receptive to the early intervention approach and intend to continue to use the approach after the conclusion of the project. At a more practical level, the agencies had to demonstrate that the objectives of the project would be an effective and efficient use of resources and that they had set realistic and achievable timelines to undertake the work.

Model projects were established in four government and four non-government agencies:

Government agencies

- Barrington Support Service (Devonport, Tasmania)
- Lower Great Southern Primary Health Service & Albany District Education Office (Albany, Western Australia)

This chapter has been adapted from a previous Auseinet publication: O'Hanlon, A., Kosky, R., Martin, G., Dundas, P. & Davis, C. (2000). *Model projects for early intervention in the mental health of young people: Reorientation of services*. Adelaide: AusEinet.

- Hunter Mental Health Services & Department of Community Services (Newcastle, New South Wales)
- Child and Family Services (Launceston, Tasmania)

Non-government agencies
- Children of Prisoners' Support Group (Sydney, New South Wales)
- Mildura Aboriginal Corporation (Mildura, Victoria)
- Karawara Community Project (Perth, Western Australia)
- Anglicare CQ (Rockhampton, Central Queensland).

Table 1 shows an overview of the eight projects. The first two columns indicate the location of the agency, and the mental health issues and target age groups addressed by the agency. The remaining columns summarise the reorientation strategies developed by the agencies and the broad outcomes that each achieved. These are addressed later in this chapter.

The agencies represented a range of service types and cultures in urban and rural locations. They included a mental health service, two educational services, a primary health unit, an Aboriginal service, several community-based services and state government departments providing family and children's services. Two of the projects were collaborations between two state government departments. Some of the agencies were practising early intervention in some areas of their work prior to the reorientation project.

Auseinet provided funds to each agency to select and employ a part-time reorientation officer from late July 1998 to the end of May 1999. The first three of the agencies listed above contributed their own funds to employ the reorientation officer full-time and therefore the projects tended to have broader objectives. The reorientation officers were all experienced in mental health work but varied in their professional backgrounds (e.g. psychology, social work, mental health nursing, education, counselling).

Support

We put considerable energy into supporting and guiding the reorientation process, but were not overly prescriptive about the methods used to achieve objectives. It was important that management and staff saw the objectives of the project as relevant to their own needs and, ultimately, the needs of their clients. We believed that reorientation had to be largely self-directed if it was to succeed in the short term and be sustained beyond the timeframe of our funding. Therefore, we adopted a principle throughout of collaboration and cooperation with the agencies.

We were also keen to foster a coordinated, team approach with the reorientation officers. We wanted to promote a sense of cohesion and common purpose amongst them in order to encourage the sharing of ideas and experiences, to provide support against difficulties and to counter the potential problem of geographical distance.

Table 1. Overview of the reorientation of services projects (adapted from O'Hanlon, Kosky, Martin, Dundas & Davis, 2000:78)

Agency name and location	Mental health issues addressed by agency	Reorientation strategies			Outcomes (May 1999)
		Workforce development	Organisational development	Resource allocation	
Government agencies					
Barrington Support Service Devonport, Tasmania	Suicide, attempted suicide and severe psychiatric disorders	Staff training	Steering Committee Policy development Formal partnerships	Position to continue (in modified form)	More effective ways for teachers and support staff to respond to mental health issues
Lower Great Southern Primary Health Service & Albany District Education Office Albany, Western Australia	Depression, anxiety and conduct problems	Staff training	Policy development Formal partnerships Agency plans	Position to continue	Development of a district wide interagency policy and early intervention training for staff
Hunter Mental Health Services & Department of Community Services Newcastle and the Lake Macquarie area, New South Wales	Children at risk because their primary care giver has a mental illness	Staff training Resource folder Conjoint placements	Policy development Formal partnerships	Position to continue (in modified form)	Development of a collaborative program in which knowledge, skills and resources were shared
Child and Family Services Launceston and northern area of Tasmania	Challenging behaviour among state wards and repeat offenders	Staff training Service map	Informal partnerships developed through Umbrella Group	Position will not continue in immediate future	Application of early intervention to address the needs of young people with challenging behaviours
Non-government agencies					
Children of Prisoners' Support Group Sydney, New South Wales (statewide service)	Anxiety, depression, disruptive behaviour in children who have a caregiver in custody	Staff training Training manual Referral list	Policy development Informal partnerships through Steering Committee	Funding sought for position to continue	Application of early intervention to the mental health needs of a specific 'at risk' group
Mildura Aboriginal Corporation Mildura and Sunraysia district, Victoria	Antisocial behaviour, violence, drug and alcohol use, teenage pregnancy among at risk indigenous youth	Staff training Training manual	Informal partnerships through networking Commitment to further training	Funding sought for further training sessions	'From Shame to Pride' workshop developed as a culturally acceptable program to address mental health issues in an indigenous community
Karawara Community Project Perth, Western Australia	Serious conduct disorders, drug use and emotional problems	Staff training Management seminar Training kit	Informal partnerships developed through policy and management seminar	Position to continue (in modified form)	Application of early intervention in a small community organisation dealing with a multicultural and socially disadvantaged population
Anglicare CQ Rockhampton, Central Queensland (Regional centre servicing rural and remote areas)	Grief, loss and suicidal behaviour	Staff training Training manual	Informal partnerships Potential policy development	Position to continue	Application of early intervention to diverse programs across a vast geographical area of Australia

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We provided intensive support and guidance in a number of ways. The reorientation officers were brought together in July 1998 for training in early intervention in mental health and again at the Auseinet International Conference on Early Intervention in June1999, where they presented the outcomes of their projects. Early intervention educational materials were distributed throughout the project period. We held regular teleconferences to discuss progress, clarify reporting requirements and promote a sense of cohesion. Each agency was visited half way through the funding period to review progress. Regular, individual contact was maintained with the reorientation officers to monitor progress and to provide guidance in preparing the progress and final reports.

Outcomes

The overarching goal of the projects was to implement reorientation strategies that had potential to be sustained after the Auseinet project was completed. The time frame for bringing about reorientation was limited to less than one year, so we had to be realistic about the amount of change that could be achieved in that time.

Building capacity

The reorientation strategies used by each of the agencies to build capacity and the broad outcomes that each achieved are shown in Table 1. The summary of strategies follows the framework developed by the New South Wales Health Department (Hawe et al., 2000; NSW Health Department, 1998, 2001), which was outlined in the previous section.

All agencies made ***workforce development***, in the form of staff training and development, the foundation of their reorientation process. As most of the agencies were not primarily mental health focused, enhancing the mental health literacy of staff was a vital first step in reorientation. The smaller agencies in particular were less likely to have staff with the qualifications needed to conduct early interventions directly with young people. These projects more realistically aimed to inform staff about the mental health issues faced by the young people who used their service, gave them the skills to recognise risk factors and early warning signs, and established procedures for appropriate referral. For most of the projects, a record of the training program and a resource package were prepared as reference sources for staff and a guide for future training programs.

All of the projects showed evidence of ***organisational development*** in the form of management commitment, policy development, and informal and formal partnerships. Management support was demonstrated by the formation of steering committees (e.g. Children of Prisoners' Support Group) and reference groups (e.g. Anglicare CQ) to guide the progress of the projects and the formation of an umbrella group to continue the work in early intervention (Child and Family Services).

Policy development occurred within individual agencies as well as between agencies. The two collaborative projects (Primary Health and Education Department, Albany; Hunter Mental Health and Department of Community Services, Newcastle) formalised their working relationships and future directions by developing interagency agreements and policies.

Children of Prisoners' Support Group developed an early intervention policy outlining referral and support mechanisms and two other agencies developed recommendations for incorporating early intervention into new policies (Barrington Support Service and Anglicare).

The development of ***partnerships*** was one of the most successful aspects of the reorientation projects. The training sessions were an important strategy for developing informal partnerships and networks in the local area (aside from their primary function of skilling staff). Most of the agencies included guest speakers and staff from other agencies in their training programs, thereby establishing new networks or strengthening existing ones. Some of the smaller agencies (e.g. Children of Prisoners' Support Group and Karawara Community Project) found this had the added benefit of raising their profile in the community. Some of the agencies (e.g. Mildura Aboriginal Corporation and the Primary Health and Education Department collaboration) actively sought to promote their projects by informing the broader community about the initiatives they were developing.

Several of the projects developed successful formal partnerships. Two of the larger projects were collaborations between influential agencies. Both had the resources to allow the projects to expand beyond their original scope. For example, the Primary Health and Education Department collaboration in Albany expanded to include more agencies in an interagency agreement than had originally been planned and several additional groups were included in their training program. The Hunter Mental Health and Department of Community Services project was able to cement its collaboration by developing a conjoint field placement program. This was an unplanned initiative, but became one of most significant achievements of the project. Barrington Support Service also developed partnerships with six pilot schools and was flexible enough to be able to respond to the unexpected number of young people identified when they screened for anxiety or depression.

All of the agencies ***allocated resources*** to the projects and several of the larger agencies contributed additional funds to employ the reorientation officer full-time. After Auseinet funding had ceased, most of the agencies had allocated funds to maintain the reorientation position. Several of the agencies made plans to continue the project so that training programs can be completed or replicated (e.g. Barrington Support Service and the Primary Health and Education Department collaboration). Others planned to modify the project to take the reorientation process in a new direction, such as combining staff training with direct intervention work with young people (e.g. the Hunter Mental Health and Department of Community Services collaboration and Karawara Community Project).

In summary, there were many indicators of change within the agencies, including the skilling of staff in early intervention approaches to mental health, the commitment of management and staff, policy development and allocation of resources. There were also indicators of successful partnerships, including informal networking and formal partnerships.

Barriers

The main barrier to reorientation was the heavy workloads of the staff both in the host agency and the collaborating agencies. Despite these being discreet projects, it was often impossible to prevent the demands on the staff's time and attention coming from many other sources. Several of the reorientation officers found that some staff were initially reluctant to be involved in the reorientation projects because of their already heavy workloads. Generally, the reluctance was short-lived; as staff became involved in the training they tended to become more enthusiastic and prioritised their time to enable greater involvement in the project.

The reorientation officers also commented on the demands of their own workloads. Most felt that they had insufficient time in which to achieve the objectives of the project. Several of the reorientation officers in the non-government agencies especially found their workload demanding because they were generally employed on a part-time basis. Most commented that they thought that the resources devoted to the project by the organisation were insufficient and that it had been difficult to achieve change within a one year time frame.

Chapter 4

Follow-up evaluation
November 2001

Purpose

The follow-up evaluation of the reorientation projects was undertaken two and a half years after the seed funding had ceased. The purpose of the follow-up evaluation was to:

- determine the extent to which the strategies that were developed in the reorientation projects had been sustained and expanded;
- identify barriers to reorienting services to an early intervention approach; and
- identify factors which may be useful in predicting sustainable change within an organisation.

Procedure

Each of the agencies that had conducted a reorientation project was contacted by mail in November 2001 and informed that a two and a half year follow-up evaluation of the reorientation projects was planned. We explained that the key objectives were to determine the status of the early intervention activities developed in the reorientation project and to evaluate the sustainability of the reorientation process. As we were interested in identifying barriers to as well as opportunities for reorientation, we emphasised that if the agencies had not sustained their reorientation approach they would still contribute valuable information.

Agency managers were asked to identify the most appropriate person to interview about the reorientation of services project. Site visits were conducted in January 2002, during which structured interviews varying in duration from 45 to 90 minutes were conducted with the key informants[1].

Interviewees

The interviewees are described in Table 2. As two and a half years had passed since the end of the funding period, it was not possible to contact all of the original Auseinet reorientation officers. The Child and Family Services interviewee had not been actively engaged with the reorientation project but had been working in the agency at the time. All of the other interviewees were in senior positions during the reorientation project and were therefore familiar with the project. In two instances, two people were interviewed.

1. Site visits and interviews were conducted by Deepika Ratnaike.

Table 2: Description of interviewees who participated in the follow-up evaluation

Agency	Interviewee
Barrington Support Service	• Manager • Auseinet reorientation officer
Lower Great Southern Primary Health Service and Albany District Education Office	• Mental health promotion officer
Hunter Mental Health Services and Department of Community Services	• Auseinet reorientation officer
Child and Family Services	• Manager
Children of Prisoner's Support Group	• Chief Executive Officer
Mildura Aboriginal Corporation	• Auseinet reorientation officer
Karawara Community Project	• Manager
Anglicare CQ	• Chief Executive Officer • Mental health promotion coordinator

Interview schedule

A structured interview schedule (see Appendix A) was constructed to determine the extent to which the strategies developed in the reorientation project had been sustained or expanded. The questions were drawn from the literature on capacity building and health promotion and explored issues such as workforce development, organisational change, formation of partnerships, multiple health gains, community impact, and other ways in which sustainability can be achieved. In addition to the structured interview schedule, agency-specific questions were asked.

The outcomes of the follow-up evaluation are presented separately for each of the agencies in Chapters 5 to 12. To provide a context for the follow-up evaluation, we have presented some brief background information about the agency. This includes its location, service provision, rationale for selection and a summary of the key outcomes of the reorientation project. The follow-up evaluation is then particularised against the outcomes where possible. An overview, summary and discussion of the follow-up evaluations are presented in the final chapter.

Chapter 5

Barrington Support Service
Devonport, Tasmania
Early intervention in a school setting

About the agency

The Barrington District is located on the north west coast of Tasmania. It covers an area of 3,000 square kilometres and has a population of approximately 56,000 people. The district has 19 primary schools, seven secondary schools, a special school and an early special education centre, with a total of 9,000 students. The Barrington Support Service provides resource, teaching and learning support to the schools, along with professional development programs that address the needs of school communities. It liaises with early special education, government and community agencies.

Meaning of early intervention

Early intervention in the context of Barrington Support Service involves mental health promotion, prevention and early intervention to identify and adequately treat potential mental health problems in children and young people.

Service delivery model

Barrington Support Service functions from a promotion, prevention and early intervention model of service delivery. They adopt a proactive rather than a reactive approach so that they can intervene at the earliest possible stage. In addition, Barrington Support Service adopts a more holistic approach to treating children by focusing on their social and emotional wellbeing.

Rationale for selection

This project was chosen to determine whether reorientation could be achieved in schools in an area where mental health services were meagre. Four primary schools and two secondary schools were involved in the reorientation process. The overall objective was to help teachers and school support staff to develop the skills they needed to identify and address serious mental health issues experienced by the students.

Key outcomes of the reorientation project

- Teachers and specialist support staff were educated about early intervention, with a particular focus on anxiety, depression and early psychosis.
- A Consultative Committee, which included students with mental health problems and their parents, was established to assist the development of the project.
- Two evidence-based programs, the FRIENDS program for anxiety (Barrett, Lowry-Webster & Holmes, 1998) and the Resourceful Adolescent Program (RAP; see Schochet, Dadds, Holland et al., 2001), were piloted in schools.
- Existing interagency links with Child and Adolescent Mental Health Services were strengthened.

Follow-up evaluation

Workforce development

Professional development with teachers and specialist support staff in Barrington Support Service has continued. This is complemented by training sessions for teacher aides and parents to provide the best possible support to children and young people. There have been significant increases in mental health literacy since the reorientation project. All new social workers take part in RAP training.

Organisational development

The management and staff of Barrington Support Service and the Department of Education in Tasmania continue to have a strong commitment to early intervention:

> *Despite heavy workloads, teachers are keen to participate in early intervention activities because support is coming through from the district superintendent level with resources and availability.*

At Barrington Support Service, early intervention is articulated in programs, policy documents and strategies, including those that do not specifically focus on mental health. It has led to extensive organisational change and has resulted in the Department of Education supporting the project. The agency believes that the Auseinet project helped to expedite this process.

Barrington Support Service has had an influence district wide and state wide. The early intervention culture has been infused through the organisation and the whole district. Barrington Support Service staff meet with other districts and share knowledge, practice and ideas. Information on early intervention is collected and distributed, including updated articles from the Department of Education.

Resource allocation

While the reorientation project was viewed as a good platform for future activity and significantly advanced early intervention activity in the area, the agency considered that a one year funding phase was insufficient to sustain a project. A lack of core funding was identified as a threat to sustainability:

> *Because the project has been accepted and expanded, there is more demand for it in other areas of Tasmania. This requires more funding. Also, funding is needed to keep the driver employed.*

At present, funding used to employ the driver of early intervention activities has been received through the Department of Education in Tasmania and various other grants (e.g. the National Suicide Prevention Strategy). Schools have responded to the strong community support for the RAP program by conducting activities to raise money to run the RAP camps.

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Partnerships

Barrington Support Service had existing links with community agencies but these have been strengthened as a result of the reorientation project. Barrington Support Service puts considerable effort into maintaining links with Child and Adolescent Mental Health Services (CAMHS). There are joint activities between Barrington Support Service and CAMHS in schools. For example, CAMHS psychiatrists conduct professional development sessions for Barrington Support Service staff and Barrington Support Service has a representative on the CAMHS reference group. School support staff and CAMHS caseworkers communicate about children who need case management, resulting in the children being more aware of, and less reluctant to access, the services available to them.

Barriers

Barrington Support Service continued to face the barriers that were identified in the reorientation project. These are time and funding constraints, a lack of resources for child psychiatry in the area and the stigma of mental health problems in the community. The agency successfully problem solved around these issues with creative solutions and the commitment of staff:

> *Barriers have been time and resources... things happen on the good will and commitment of the community... staff give up weekends to conduct RAP camps.*

Sustainability

Ownership of the project by the schools was identified as a key issue in sustainability. Given the extra knowledge and training required, teachers were approached to change their practices instead of engaging in additional work. There is strong belief that the early intervention strategies implemented in the schools are proactive and result in less work at a later stage. Sustainability has occurred through significant support from the community and the Department of Education in Tasmania.

The RAP program has been absorbed into the school curriculum and is now a regular program within schools. The demonstrated benefits of the RAP program have encouraged staff and the Department of Education in Tasmania. This has resulted in strong support and commitment to the project. Strong support from management and the employment of a driver have helped to continue the early intervention process.

Assessment at follow-up

Barrington Support Service has sustained and expanded its early intervention activities and become a model project for other regions. Positive shifts in mental health awareness and early intervention have occurred at the agency, school and community level. Children are now identified when they are at risk and they are accessing services more readily. Teachers have expressed an interest in their own mental health and parents are keen to be involved in

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the RAP programs. Stigma about mental illness has lessened within the schools and in the broader community. The community supports mental health promotion and talks about mental health more openly. Other districts and the Department of Education in Tasmania have shown interest in the program.

Table 3. Summary of outcomes achieved by Barrington Support Service

Outcomes	Reorientation project	Follow-up
Workforce development		
Training for teachers and support staff	✔	✔
Evidence-based programs in schools	✔	✔
Organisational development		
Consultative Committee	✔	✔
Curriculum change	✔	✔
Resource allocation		
Position continuing	✔	✔
Partnerships		
Links with schools	✔	✔
Links with CAMHS	✔	✔
Other		
Teachers interested in own mental health	-	✔
Increased community support	-	✔
Reduction of stigma in community	-	✔

Chapter 6

Lower Great Southern Primary Health Service and Albany District Education Office Albany, Western Australia

A collaboration between health and education departments

About the agencies

During 1998 and 1999 the Lower Great Southern Primary Health Service provided public health programs in the South West and Great Southern Regions of Western Australia. These regions have a population of approximately 230,000 people and cover an area half the size of Victoria. Albany Education District is located in the Great Southern region of Western Australia, with the City of Albany at its southern-most point. The District Office in Albany provides support to the 27 Education Department schools in the district.

Meaning of early intervention

Early intervention in this context was defined as practising mental health promotion as well as identifying children who are displaying problem behaviours.

Service delivery model

The Lower Great Southern Primary Health Service functions from a prevention, promotion and early intervention model with their public health programs. This model was promoted within the schools in the reorientation of services project.

Rationale for selection

This project was chosen because it brought together two influential government departments that were capable of having a substantial positive impact on the mental health of children and young people. The main objective of the project was to realign policies and practices in order to deliver early intervention programs for school-aged children and adolescents.

Key outcomes of the reorientation project

- Staff, teachers, parents and members of the local community were educated about early intervention, with a particular focus on youth suicide, anxiety, depression, attention deficit hyperactivity disorder and eating disorders.
- An Interagency Working Group and a Steering Committee were established to assist the development of the project.
- An Interagency Policy and an implementation plan were formulated. Fourteen agencies, including the Division of General Practice, Drug Services, Aboriginal Affairs Department, Police Department, Family and Children's Service and Albany Consumers Team, signed off on the policy. The Western Australian Minister for Health officially launched the policy in June 1999.

Follow-up evaluation

Workforce development

The Lower Great Southern Primary Health Service staff have developed a detailed knowledge of early intervention and are familiar with evidence-based programs in mental health. Despite a high staff turnover rate, a commitment to early intervention approaches for mental health has been sustained. New staff members familiarise themselves with the rationale for early intervention approaches for mental health and participate in training for evidence-based programs such as RAP (Schochet et al., 2001) and FRIENDS (Barrett et al., 1998).

> *In training, we look at the evidence that early intervention is beneficial. In this way, we have been able to diffuse any problems that staff may have with early intervention.*

One of the aims of the reorientation project was to improve the mental health literacy of teachers and managers. To this end, Lower Great Southern Primary Health Service now meets with the school principals once a year to outline the rationale and benefits of early intervention. Although teachers occasionally voiced that early intervention was outside of the scope of teaching, the majority have been committed to early intervention in schools.

School nurses are often the first point of contact for young people with mental health problems. The agency commented on the role conflict the nurses sometimes experience when trying to adopt an early intervention approach:

> *School nurses have a commitment to early intervention but some encounter pressure from schools ... some principals want them to work in the old [crisis] mould ... they find it hard to say no.*

Organisational development

The Lower Great Southern Primary Health Service had existing strong support from management for the continuation of early intervention programs across public health. The manager has an early intervention focus and the strategic plan for the agency reflects early intervention principles. Management is conscious of the heavy workloads of the staff:

> *They only implement programs that change the existing work they do rather than make the staff do additional work on top of their workload, for example the Positive Parenting Program instead of the existing program they were using.*

In the schools, some principals had been more supportive of early intervention practices than others. There has now been a shift towards acceptance of early intervention. School principals have become interested in running early intervention programs in the schools and are committed to enhancing the mental health of their students.

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Resource allocation

The Auseinet seed funding was a good starting point for the development of interagency links, initial training and the piloting of the prevention programs. Lower Great Southern Primary Health Service has been successful in securing other grants for projects that arose from the reorientation project, but these were also one off grants. More stable funding is needed to monitor and evaluate the projects, to train new staff within the schools and to expand the prevention programs. Limited funding makes the future of these projects uncertain; there are difficulties in planning ahead and maintaining projects when agencies are reliant on grants. As the project continues to expand, it is more difficult to manage on scarce funding.

Partnerships

Local agencies have a shared vision and a vested interest in creating good outcomes for mental health in the Albany region. Interagency links were strengthened through the reorientation project. Smaller agencies are now working with larger agencies to implement early intervention initiatives that they could not have done on their own. The agencies that formed the reference group agreed to a common language and practice around early intervention. This resulted in better interagency referrals. Other agencies in the community are taking a proactive approach to prevention and working collaboratively to achieve better outcomes. The reorientation project was replicated in the Upper Great Southern and Central Great Southern regions. In both these areas, interagency groups were formed and professional development took place.

Barriers

Other than a lack of core funding, no major barriers were identified in the reorientation of services project or with the furthering of early intervention activities:

> *[There were] no real barriers except that so many early intervention projects have now taken off that it's difficult to coordinate them all ... projects are chaotic but successful ... 70% are maintained, 30% are dropped ...*

Sustainability

Structures put into place during the reorientation of services project laid a solid foundation for further early intervention activity within the Albany area. Interagency links have resulted in sustained early intervention activity and kept early intervention on the agenda of each agency. Working with schools to achieve better outcomes for children and young people was an effective and sustainable strategy. This was achieved by reframing mental health activities rather than adding to workloads. Early intervention programs are now part of the school curriculum.

There is evidence that a generalised problem-solving capability has developed in the local community:

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Other agencies in the community are taking a proactive approach in prevention and providing support to others. For example, there was a locust plague. The community supported each other, providing material and emotional support to the farmers. The community helped to reduce the stress of farmers. Building up the community with these skills was seen as useful.

Assessment at two and a half year follow-up

The Lower Great Southern Primary Health Service and the Albany Education District Office have expanded their early intervention activities and significantly influenced the uptake of early intervention practices within schools.

The reorientation project was a springboard for other early intervention activities in the area. It has been the basis of future projects. The reorientation of services project increased understanding of early intervention and identified how services were operating. There is now a common language between community agencies about promotion, prevention and early intervention in mental health.

Part of the project's success was attributed to the small size of the community. There is a strong sense of community support for early intervention activities in the Albany region. Collaboration happens easily because people are in close contact. The initial reorientation of services project led to wide reaching effects across the community in early intervention. Mental health promotion activities have developed and there is a reduction of stigma in the community around people experiencing a mental health problem.

Table 4. Summary of outcomes achieved by Lower Great Southern Primary Health Service and Albany Education District Office

Outcomes	Reorientation project	Follow-up
Workforce development		
Training sessions	✔	✔
Organisational development		
Steering Committee	✔	✔
Agency plans	✔	✔
Resource allocation		
Position continuing	✔	✔
Partnerships		
Interagency Managers' Forum	✔	-
Interagency Working Group	✔	-
Interagency Policy	✔	✔
Other		
Problem solving capability	-	✔

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Chapter 7

Hunter Mental Health Service and NSW Department of Community Services Newcastle, New South Wales

A collaboration between mental health and community services

About the agencies

Two groups of welfare and health care professionals were involved in the project. The Lake Macquarie Mental Health Service is part of Hunter Mental Health Service and provides a comprehensive array of in-patient, community and specialist programs. The Department of Community Services provides child protection services in the area. The Lake Macquarie City Council local government area has a population of 185,000. The district incorporates the southern suburbs of the city of Newcastle as well as high growth suburbs on the eastern and western shores of Lake Macquarie.

Meaning of early intervention

Hunter Mental Health Service defines early intervention as the vigorous treatment of the first presentation of mental health problems in order to prevent or minimise mental illness.

Service delivery model

Hunter Mental Health Service functions from a medical model but incorporates early intervention thinking and practices. The Department of Community Services functions from a crisis model.

Rationale for selection as a reorientation project

This project was chosen because it presented an opportunity for two agencies to work together towards the common goal of providing better services for children whose primary carer has a mental illness. The project sought to reorient child protection casework and community mental health clinical intervention into a collaborative program in which knowledge, skills and resources were shared.

Key outcomes of the reorientation project

- Staff from both agencies were educated about early intervention, including sessions on resilience, abuse and neglect, child protection and issues facing children with a parent with a mental illness. Tailored resource folders were developed for each agency.
- Interdepartmental protocols developed to facilitate better case management between the agencies were formalised through a Memorandum of Understanding.
- Conjoint field placements were undertaken, where staff spent time in each other's agency to gain a better understanding of the organisation and its procedures.

Follow-up evaluation

Workforce development

Hunter Mental Health Service staff have a detailed knowledge of mental health issues and are attuned to promotion, prevention and early intervention for mental health. Hunter Mental Health Service has good links with community agencies, mental health services and the local university. It regularly runs shared presentations, seminars and workshops on mental health issues and some of these involve early intervention.

Department of Community Services staff do not have the same theoretical and professional underpinnings in mental health and are therefore less knowledgeable about mental health issues. Their knowledge is focused on attachment and crisis intervention.

Organisational development

Hunter Mental Health Service continued to be very supportive of early intervention at a management level. Early intervention concepts have been incorporated into policy documents and endorsed by senior management, and early intervention activities are a regular feature of the agency.

Department of Community Services were less supportive of an early intervention approach. Management in Department of Community Services had changed during the reorientation of services project. The new management was more crisis focused, which slowed down early intervention activity.

Resource allocation

The seed funding for the reorientation of services project was used mainly for training purposes. Other early intervention activities have subsequently been developed in the Hunter region with funding from other sources. The Reorientation Officer remains the driver of these activities.

Partnerships

> *[Other] early intervention work has taken off from the original Auseinet project. Problem-solving around issues in early intervention has happened through excellent interagency links and interest in early intervention.*

New links have been developed with Child and Youth Mental Health and Adult Mental Health Services. There were existing links between Hunter Mental Health Service and the Department of Community Services. Although the formal partnership that was intended between the two agencies in the reorientation project did not come to fruition (reasons are explored below in 'Barriers'), other opportunities emerged:

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One desired outcome was to have a formal agreement with Department of Community Services and Hunter Mental Health Services to do joint home visits ... This didn't happen... Other projects were started and expanded. Out of the interagency forum that was formed during the Auseinet project the COPSMI [Children of Parents with a Serious Mental Illness] project was formed.

Barriers

There were two main reasons why the planned expansion of the reorientation project did not eventuate. First, changes to child protection legislation have resulted in a higher workload for staff at the Department of Community Services, as well as restructuring of management and policies. Second, there was tension between the two agencies about their perceived roles. Their different theoretical and professional underpinnings translated into different priorities. Department of Community Services gives priority to crisis intervention; early intervention activities are therefore additional to an existing heavy workload. While some staff at Department of Community Services saw the need for early intervention, they felt that the policies of the organisation did not always allow for such an approach. Despite this, many staff had identified and referred children at risk.

Sustainability

The promotion of early intervention activities has been successful for Hunter Mental Health Services. Early intervention was absorbed into Hunter Mental Health Services because it fitted with the policy structure of the organisation and had management support. Further early intervention activities have arisen from grant based projects and have been driven by the original Auseinet reorientation officer. Early intervention activity within Department of Community Services was more problematic due to a different service delivery model and focus. Although the interagency partnership did not develop as intended, staff in both agencies have a greater awareness of mental health issues and identifying children at risk.

Assessment at two and a half year follow-up

Hunter Mental Health Service staff have become more holistic in their treatment of clients, instead of functioning solely from a medical model. The Auseinet project was useful in training staff about early intervention. They are more aware of early intervention issues and are making more appropriate and targeted referrals. Although the original project did not continue in its expected form, there has been an increase in early intervention activity in the Hunter region. However, changes in early intervention thinking and practice cannot be attributed to the reorientation project alone:

It is difficult to separate the effect of the Auseinet project from other activities going on in mental health in the Hunter region ... Hunter Mental Health Service has practised early intervention before this through child psychiatry (working with kids, parenting programs etc)...[it] has also been a result of the National Mental Health Strategy...

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Table 5. Summary of outcomes achieved by Hunter Mental Health Service and Department of Community Services

Outcomes	Reorientation project	Follow-up
Workforce development		
Staff training	✔	✔
Resource folder	✔	✘
Conjoint placements	✔	✘
Organisational development		
Policy development	✔	✔
Resource allocation		
Position to continue in modified form	✔	✘
Partnerships		
Formal partnership agreement	✔	✘
Other		
New early intervention projects	-	✔

Chapter 8

Child and Family Services
Launceston, Tasmania
Early intervention for children with challenging behaviours

About the agency

Child and Family Services provides protection services to children and young people who have experienced or are at risk of harm, maltreatment or neglect. In 1996-97, approximately 800 notifications were received, of which 150 were classified as 'child harm and maltreatment'. In the same period, the Youth Justice Services in the area worked with over 150 young people charged with offending. Many of them had been subjected to maltreatment or neglect and a significant number had mental health related problems. While many of the young people needed help to address the problems they were facing, there were no mental health services in the Northern Tasmanian region specifically to assist them.

Meaning of early intervention

Early intervention within the context of the agency involves detecting children who show early signs of mental health problems or who may be vulnerable (e.g. children of parents with mental illnesses).

Service delivery model

Child and Family Services deals primarily with crisis care and therefore operates from a crisis model.

Rationale for selection as a reorientation project

This project was chosen because it provided an opportunity to intervene in antisocial behaviours that were developing on a trajectory to detention, and therefore to avoid a lengthy, more costly and frequently less successful rehabilitation after the offending behaviours became established. The overall objective of the project was to assist staff to address the needs of children and young people with challenging behaviours.

Key outcomes of the reorientation project

- Staff were educated about early intervention, with a particular focus on anxiety, depression and anger management.
- Information packages for staff and parents were developed as an ongoing resource.
- A map of services for young people in the Launceston area was developed.
- A Reference Group and an Umbrella Group were established to guide the project.

Follow-up evaluation

Workforce development

Staff are putting early intervention ideas and thinking into practice by identifying vulnerable or at risk children and appropriately referring them. However, this process was already occurring prior to the Auseinet project. It was unclear whether the mental health knowledge of the staff had increased. Staff continue to receive ongoing training, but it does not necessarily have an early intervention focus. The resources that were developed in the reorientation project are still available but are not actively utilised for training purposes.

Organisational development

Early intervention objectives are not written into policy documents or strategies. However management believes that the agency is doing the best it can with the available resources. Child and Family Services predominantly deal with crisis care issues. There is recognition that early intervention issues are important but child protection issues take priority. The belief was apparent that Child and Family Services is not funded to do early intervention.

Child and Family Services is faced with issues of high workloads, high staff turnover and service demand. Despite these circumstances, the staff were committed to incorporating early intervention initiatives into their work. Management believed that a driver was needed specifically for early intervention activities within the agency.

Resource allocation

There has been no further funding for early intervention activities.

Partnerships

There were existing links between Child and Family Services and government and non-government agencies that deal with mental health issues in the community. Links between Child and Family Services and Mental Health Services were problematic. Mental Health Services were reluctant to become involved with cases involving legal proceedings, which are part of many of the child protection cases. There was some success with referrals although the provision of mental health services for young people was focused on behavioural problems rather than psychiatric problems. This constituted a major problem in getting help for young people at risk of developing or showing early signs of psychiatric problems. Mental Health Services appeared to provide services within a narrow framework and were not open to making adjustments for more complicated cases.

Barriers

There was a perceived lack of enthusiasm toward early intervention activities from staff at the time of the project. This was partly because the staff felt that the early intervention project was adding to their already heavy workload. The Umbrella Group had disbanded after the original Auseinet reorientation officer had left.

> *There was no driver for the group or commitment from other members ... they only met a couple of times ... therefore interagency protocols were not set up.*

Sustainability

Child and Family Services identified many reasons why the strategies developed in the reorientation project had not been sustained. They include:

- the high workload of the staff;
- high staff turnover resulting in lack of continuity;
- people working in strict functional groups instead of adopting a systems approach;
- the agency's focus on crisis care and being funded for that purpose;
- lack of a driver for early intervention activities;
- the disbandment of the Umbrella Group;
- differences between organisational cultures in attitudes and resources.

Assessment at two and a half year follow-up

The original reorientation of services project had focused on building the mental health literacy of the staff in order to identify appropriate avenues for referral. This had involved training the staff in mental health and early intervention issues as well as mapping services and local resources to aid in referrals for young people with challenging behaviours.

The early intervention project was largely disbanded after the reorientation project ended. It was unclear whether the mental health knowledge of staff had increased. However, changes in practice were evident. Staff are aware of early intervention principles and try to incorporate them in their work as child protection officers. They are identifying children at risk at an early stage and referring them to appropriate specialist services. Therefore conceptual shifts toward early intervention thinking had occurred.

Table 6. Summary of outcomes achieved by Child and Family Services

Outcomes	Reorientation project	Follow-up
Workforce development		
Training sessions	✔	✘
Service map	✔	✘
Organisational development		
Umbrella group	✔	✘
Reference group	✔	✘
Resource allocation		
Position will not continue	✔	✘
Partnerships		
Informal networking	✔	✔
Other		
Increased awareness	-	✔
Identification and referrals	-	✔

Chapter 9

Child of Prisoners' Support Group
Sydney, New South Wales
Children with a parent in prison

About the agency

Children of Prisoners' Support Group is a statewide, non-government organisation located just outside the gates of the Silverwater Correctional Complex in Sydney. The organisation assists children from five hundred families per year. It provides a range of direct services to children of prisoners, outside carers and imprisoned parents. These include support groups for children and carers, casework for children of imprisoned parents and their families, pre and post release service for families, and transport to take children to visit an imprisoned parent.

Meaning of early intervention

Children of Prisoners' Support Group deals with mental health issues around imprisonment. Early intervention in the context of the agency is being aware of the potential development of mental health problems in children at an early stage and referring children for specialist help.

Service delivery model

Children of Prisoners' Support Group adopts a systems approach to their work, dealing with many areas of a child's life that could be affected by having a parent in prison. It works to promote a whole-of-community understanding of the shared responsibility of ensuring that the rights of the child are upheld.

Rationale for selection as a reorientation project

This agency was chosen because it was a grassroots self-help organisation whose staff were in a position to identify young people at risk of developing mental health problems, but did not have any formal training in mental health issues. The overall objective of the project was to inform staff and volunteers about the mental health issues often experienced by children who have a caregiver on remand or in custody.

Key outcomes of the reorientation project

- Training sessions were held for Children of Prisoners' Support Group staff, as well as volunteers, transport workers and staff from other agencies, including Barnados, Anglicare and Prison Welfare. Topics included early intervention, ADHD, depression, anxiety, child sexual abuse and psychosis.
- A steering Committee was formed to guide the project.
- Informal networks were established through the training sessions.
- A resource manual and a referral list were compiled as ongoing resources.
- A Mental Health Early Intervention Policy was developed to minimise the psychological and emotional impact of having a parent in prison.

Follow-up evaluation

Workforce development

Staff showed increases in mental health knowledge and early intervention practices after the reorientation project. Mental health is discussed more frequently and staff practice early intervention by identifying and referring children who are at risk of developing, or who are experiencing, mental health problems. The resource manual that was developed in the reorientation project it is not actively used.

Children of Prisoners' Support Group had experienced a high staff turnover with only two out of the original twenty staff presently working for the agency. Formal staff training has not been sustained:

> *The staff who had been trained felt that they didn't want more training. Training around early intervention does not happen with new staff.*

Organisational development

Early intervention is part of the overriding principle of the agency and a commitment to early intervention is apparent in the agency's functioning. However, because mental health is only part of the function of the agency, a specific focus on early intervention for mental health is absent. A Steering Committee had been formed to keep interagency links but was disbanded once the reorientation officer, who was the driver of the committee, left the agency on completion of the project.

The strongest barrier to the development of early intervention activities has been the pressure of securing funding to keep the agency afloat. This pressure took priority over the development of specific activities such as early intervention. It also affected the development of the early intervention policy that had been an objective of the reorientation project. Therefore, while the agency recognises the need for early intervention, there is no concrete strategy in place.

Resource allocation

Management believe that future early intervention activities are dependent on further funding. Children of Prisoners' Support Group has not been successful in receiving further funding from prospective bodies. Ideally, Children of Prisoners' Support Group would like to employ more counsellors to address the mental health needs of children with a parent in prison.

Partnerships

Children of Prisoners' Support Group had existing good relationships with other agencies. They now deal with the same agencies but about other issues such as mental health. Children of Prisoners' Support Group find that some agencies are more crisis focused rather than early intervention focused which makes referrals problematic. They report an increasing awareness of mental health issues in the community and this has encouraged Children of Prisoners' Support Group to do more work in the area of mental health.

Barriers

At the end of the Auseinet funding period, the project ended. This was due to a number of factors. A Steering Committee had been formed as part of the reorientation of services project to strengthen interagency links. The coordinator who was the driving person of this committee left her position. After this no one drove the interagency side of the early intervention project. A high staff turnover resulted in only two staff remaining who had completed the early intervention training during the reorientation project. Early intervention training was on top of existing staff load. Management felt that it was not a priority for staff and they lost interest in it.

Suggested improvement for the success of mental health activities within Children of Prisoners' Support Group was to employ a worker specifically for mental health issues in the capacity of trainer/counsellor. A driver is needed to continue early intervention work in mental health.

Sustainability

The main impediments to sustainability were the lack of a driver, the disbanding of the Steering Committee and a high staff turnover. Although early intervention activities still occur in the agency, there is no formal approach.

> *[The project] was a success at the time, but it is not continuing in the same strength. The employment of a mental health worker would help this. There didn't appear to be a push to make early intervention sustainable. [The reorientation officer] had written a policy and developed a kit but this wasn't followed up or used.*

Assessment at two and a half year follow-up

Management reported that mental health had been more talked about among the staff during the reorientation of services project. Increased mental health awareness has occurred across the agency resulting in better and more targeted referrals and a better meeting of clients' needs. Previously staff did not have the knowledge to identify and refer for mental health problems.

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Table 7. Summary of outcomes achieved by Children of Prisoners' Support Group

Outcomes	Reorientation project	Follow-up
Workforce development		
Staff training	✔	✘
Training manual	✔	✘
Referral list	✔	✘
Organisational development		
Steering Committee	✔	✘
Policy development	✔	✘
Resource allocation		
Funding sought for position to continue	✔	✘
Partnerships		
Informal networking	✔	✔
Other		
Increased awareness	-	✔
Identification and referrals	-	✔

Chapter 10

Mildura Aboriginal Corporation
Mildura, Victoria
A culturally determined training program

About the agency

Mildura Aboriginal Corporation is a non-government agency that provides services to Aboriginal families, young people, sole parents and the elderly in the Sunraysia District. The immediate service area of Mildura Aboriginal Corporation has a population of approximately 3000 people (in New South Wales and Victoria), which increases by up to 800 people during periods of seasonal work in the district. Mildura Aboriginal Corporation consists of a Family Services Unit and a Health Service Unit. Other services include Welfare Services, Family Group Home, 'Warrakoo' Life Skills Rehabilitation Program, Women's Program, and Cultural Heritage Awareness Program.

Meaning of early intervention

Mildura Aboriginal Corporation defined early intervention in the context of their agency as the practice of adopting a holistic approach when treating clients to identify potential problem areas and intervene early when a problem occurs.

Service delivery model

Mildura Aboriginal Corporation's Family Services Unit adopts a systems approach where help is provided for an underlying problem and also for other areas of the person's life that may be affected by the problem.

Rationale for selection as a reorientation project

This project was chosen because it was a self-directed, culturally sensitive response to issues relating to social and emotional wellbeing. The specific objective of the project was to develop a training program that would enhance the skills of staff and ultimately empower young people to cope with the social problems that they face every day.

Key outcomes of the reorientation project

- A series of tailored workshops called 'From Shame to Pride' were developed in collaboration with the staff of the agency. The content of the workshops was determined by the needs of the community and the participants, and included anger management, conflict resolution, drug and alcohol use, grief and suicide.
- The project was a culturally appropriate, alternative model of care for the community.
- Informal partnerships were strengthened by inviting people from other agencies to participate in the workshops (e.g. Swan Hill Aboriginal Co-operative and the Juvenile Justice Unit of Human Services Victoria).

Follow-up evaluation

Workforce development

The skills and education of the staff at the Family Services Unit increased significantly as a result of the reorientation project. The formal training delivered through the 'From Shame to Pride' workshops has expanded to other areas of the Family Services Unit. Staff reported personal gains from the training program:

> *Staff were receptive to the Auseinet workshop ... it involved getting [their] confidence and self esteem up ... it taught them skills to use in their own life and helped their families to learn skills ... it had flow on effects.*

Many of the staff were motivated to do further study. All completed a certificate course in common competencies and learned about policies and procedures, monitoring and evaluation, service delivery, teamwork and health and safety issues.

Organisational development

The Family Services Unit reoriented their service to an early intervention approach through a bottom-up approach. At the Family Services Unit there is strong commitment from management to an early intervention approach. The team felt that there was a need for management training around early intervention and had approached senior management about this. The team leader and the staff investing considerable time in up-skilling staff and restructuring functional groups to work as a team. The training program has had a positive effect on the overall delivery of services:

> *"In the Family Services Unit, staff used to work in functional groups, they now work together. They adopt a whole of services approach when treating clients. For example because they now work as a unit, they are aware of each others activities and work together, treating the client's needs in accommodation, family services, drug and alcohol services."*

Partnerships

Poor interagency links with mental health services was the impetus for the Family Services Unit within Mildura Aboriginal Corporation to change their model of service delivery. There are many challenging social, cultural and professional factors that have affected interagency links in the region. Mental health services in general were perceived to function strongly from the medical model, often not considering the complex causes leading to mental illness or the social effects of mental illness.

The Family Services Unit adopts a systems approach to meet the needs of their community. The term 'mental health' carries significant stigma in the Aboriginal community; 'social and emotional wellbeing' is more widely accepted as being reflective of the Aboriginal culture. Activities around promotion, prevention and early intervention need to adequately meet the perceptions and needs of the community.

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Despite the different service delivery models and the consequent difficulties with referral, Mildura Aboriginal Corporation has persisted with establishing links with Mental Health Services. Mildura Aboriginal Corporation are a committed team and have continued in the face of difficulty, utilising innovative problem solving techniques to meet the needs of their community.

Resource allocation

The seed funding, which was used primarily for training of staff, has carried through to changes in model of service delivery to an early intervention approach.

Barriers

While Mildura Aboriginal Corporation has made significant gains in helping a number of clients with social and emotional problems, they recognise that specialist mental health workers are needed in some cases. However, the mental health services are perceived to be crisis focused and reluctant to adopt a more holistic, proactive approach to mental health. Mildura Aboriginal Corporation viewed this as an obstacle because it effectively meant that the early intervention process ended at the mental health services.

Another major concern was the reluctance of mental health services to deal with people who have co-existing complex social issues and mental illnesses. Due to the lack of communication between agencies, clients who had, for example, drug and alcohol problems as well as a mental illness, did not accurately and efficiently receive management of their needs through either Mental Health Services or Drug and Alcohol Services.

Another obstacle identified by Mildura Aboriginal Corporation was the lack of cultural awareness of doctors and medical specialists when dealing with the indigenous community. Conceptions of mental illness differ and there are often miscommunications between patient and doctor. Clients were often admitted to the psychiatric unit or administered medication without adequate counselling. Mildura Aboriginal Corporation proposed that this was often inappropriate as many Aboriginal people experiencing mental health problems primarily need to talk about their problems and have their feelings validated.

Sustainability

Mildura Aboriginal Corporation attributed the sustainability of the reorientation to the change in service delivery. The Family Services Unit has reoriented to an early intervention approach. Support from management has resulted in an early intervention approach becoming entrenched in staff training and all other activities. The commitment and enthusiasm of staff also contributed to the sustainability of the approach. Mildura Aboriginal Corporation noted that they had a low staff turnover compared to other community agencies. The staff had been trained at the same time and had experienced the reorientation process together. Their collective skills contributed to expertise in early intervention.

Improving mental health awareness in the Aboriginal community was challenging as standard methods of promotion are not effective. The Aboriginal community is connected through familial links, and staff at Mildura Aboriginal Corporation are part of this community. The strategy adopted by the Corporation was for staff to become role models for promotion, prevention and early intervention. This involved significant commitment and effort as many of the staff had to deal with their own issues. The strategy had broad reaching effects. The community felt that promotion, prevention and early intervention approaches were beneficial and felt more comfortable about approaching Mildura Aboriginal Corporation for help.

Assessment at two and a half year follow-up

The Family Services Unit within Mildura Aboriginal Corporation had successfully reoriented their model of service delivery to an early intervention approach. They identified a number of gains arising from the Auseinet funding. Staff are more empathic, have a more holistic view of the problems facing their clients and are better able to make assessments. There has been a shift from working as separate functional units to a coordinated unit. The number of clients accessing Mildura Aboriginal Corporation services has increased. New programs have been developed, there are better links with mental health services and there are more extensive networks in the community

The cultural sensitivity of Mildura Aboriginal Corporation toward their client base has resulted in many rewards for the community. Mildura Aboriginal Corporation reported that attitudes toward social workers and mental health workers have been embedded around stolen generation issues, resulting in people being reluctant to seek help. Mildura Aboriginal Corporation staff were skilful at working with clients to overcome a range of obstacles including problems with referrals to mental health services, the complex nature of the clients' problems, and the clients' fear of accessing services.

Table 8. Summary of outcomes achieved by Mildura Aboriginal Corporation

Outcomes	Reorientation project	Follow-up
Workforce development		
Workshops	✔	✔
Training manual	✔	-
Organisational development		
Management commitment	✔	✔
Resource allocation		
Funding sought for further training	✔	✔
Partnerships		
Informal networks	✔	✔
Other		
Community impact	-	✔

Chapter 11

Karawara Community Project
Perth, Western Australia
A multicultural community project

About the agency
Karawara Community Project is a non-government community agency situated in a community with a large indigenous and migrant population, many of whom struggle against disadvantage. Karawara Community Project is run by a committee of community representatives and many of its staff are volunteers or employed part-time. The agency offers a range of community services to children and young people, including a supervised adventure construction playground, a young women's service, a youth drop-in centre and access to a family liaison worker.

Meaning of early intervention
Early intervention involved identifying children who display behaviours that could lead to further problems. Staff initially work with the child to intervene or modify behaviour and refer if necessary.

Service delivery model
Karawara Community Project adopts a systems approach to the care of their clients by investigating the impact of problems in various areas of the client's life.

Rationale for selection as a reorientation project
Karawara Community Project was chosen because it was a community-based organisation working in an area of severe disadvantage with a multicultural population. The objective of the project was to raise awareness of early intervention by providing training to staff and extending networks in the community.

Key outcomes of the reorientation project
- A Steering Committee was formed to support the project.
- Informal partnerships were strengthened with a range of agencies, including Family and Children's Service, Marmooditj Aboriginal Service and Lady Gowrie Community Centre.
- A 'Policy and Management Seminar' was held to educate managers of other agencies about issues in early intervention.
- A training kit entitled 'Early Intervention Assessment Schedule for Young People (EiASY-P)' was developed to help staff recognise young people people who might be at risk of developing mental health problems. The Western Australian Minister for Health launched the kit in June 1999.

Follow-up evaluation

Workforce development

Karawara Community Project had an existing strong commitment to early intervention as a regular activity of the agency. The funding from Auseinet allowed the agency to further develop the skills of the staff in early intervention through a more structured approach to assessment. Staff share information about mental health issues and identify areas of training need. The training enables staff to specify, identify, address and refer problem behaviours. During the reorientation project, Karawara Community Project developed an educational kit called EiASY-P (Early Intervention Assessment Schedule for Young People). The kit is used to train new staff in early intervention. There has been a great deal of interest from other organisations and sectors.

> *The EiASY-P package is being revised ... the aim for EiASY-P is to develop a video to go with the kit and then that will allow it to go to rural areas.*

Organisational development

Management and staff at Karawara Community Project are strongly committed to an early intervention approach:

> *Early intervention is discussed at staff meetings ... it has become embedded in what the staff do.*

The management committee that was formed during the reorientation project is still in operation. Karawara Community Project is currently working on a new policy for early intervention which will have an overall philosophy of promoting social wellbeing. Early intervention activities within Karawara Community Project involve teaching children problem solving skills, negotiation and decision-making.

Resource allocation

The Auseinet funding was used primarily for the development of staff training and the EiASY-P kit. Karawara Community Project reports that the Auseinet reorientation project has been a positive investment in the functioning of the agency. It has given staff confidence and has validated Karawara Community Project as a service which can have a broad effect on the community. Further funding has been obtained from both state and local governments.

Partnerships

Karawara Community Project has effective interagency links with other community agencies. However dealings with mental health services have been problematic in the past. The crisis focus of mental health services means that early intervention cases often won't be accepted for referral. For example, if clients have multiple issues such as mental health problems and drug and alcohol problems they will not be accepted by mental health services for treatment.

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Karawara Community Project has developed more positive links with mental health services. They recognise that mental health services cannot accept all cases. If they are unable to refer to mental health services they monitor the young person and put strategies in place to manage problem behaviours. This may involve mental health promotion and working with the parents. Karawara Community Project contacts mental health services for information about the cases that they are trying to monitor.

Barriers

Karawara Community Project identified a lack of intersectoral collaboration as an obstacle to the furthering of early intervention activities in the community. Interagency referrals have been frustrating for Karawara Community Project as the various departments that deal with family and community issues function from discrete models and provide specific services. There is a lack of communication about the care of clients and it is difficult to get their needs met if they have a number of problems. Some clients 'fall through' the system, even though their problems are interconnected. Many agencies need to be involved concurrently to adequately address the issues affecting young people.

Sustainability

While the Auseinet funding was useful in improving the knowledge and skills of the staff, the continuation and expansion of programs could not be sustained without further funding. Karawara Community Project has successfully obtained further funding from both state and local government. The development of the EiASY-P kit contributed substantially to the sustainability of early intervention practices in the agency. This was due to the practical nature of the kit, which included a set of indicators to assess children. Other agencies across Australia have expressed interest in the work being done by Karawara Community Project. This has been a significant achievement for a small agency that deals with a variety of social issues, not solely mental health.

Assessment at two and a half year follow-up

Karawara Community Project has developed and expanded their early intervention activities. The management committee identified several measures of success. They include specifying areas of need, running specific early intervention programs, developing links with the community through mental health promotion activities and generally improving the mental health and behaviour of the children who use their service.

Karawara Community Project feels that the expansion of their mental health related activities may have been inevitable regardless of the Auseinet project. This is due to increased media coverage of mental health issues, better community support for mental health activities and increased community awareness of youth suicide.

Table 9. Summary of outcomes achieved by Karawara Community Project

Outcomes	Reorientation project	Follow-up
Workforce development		
Staff training	✔	✔
Management seminar	✔	-
EiASY-P kit	✔	✔
Organisational development		
Interagency steering committee	✔	✔
Resource allocation		
Ongoing position	✔	✔
Partnerships		
Informal networking	✔	✔
Other		
Interest from other agencies	-	✔

Chapter 12

Anglicare CQ
Rockhampton, Central Queensland
A rural and remote welfare organisation

About the agency

Anglicare was established in 1983 as a non-government family welfare agency auspiced under the Anglican Church. Anglicare has established a network of centres and services in Central Queensland, covering a geographical region of 600,000 square kilometres with approximately 250,000 residents. Their range of services include rural and isolated accommodation services, family and adolescent counselling and support services, foster care provider services, childcare services, youth information and referral services, mental health information and referral services, Aboriginal welfare and mental health community development.

Meaning of early intervention

Anglicare CQ adopts a promotion, prevention and early intervention approach to mental health primarily by teaching skills for healthy behaviour.

Service delivery model

Anglicare CQ adopts a systems approach to dealing with the issues of their clients. This involves an investigation of the problem in various life areas and delivering services in a coordinated way.

Rationale for selection as a reorientation project

This agency was chosen because it was part of a large, stable non-government organisation with a rural and remote focus. It afforded an opportunity to determine whether reorientation to early intervention could be achieved across a vast geographical area. The overall objective of the project was to reorient Anglicare staff and key personnel in other agencies to an early intervention approach to mental health.

Key outcomes of the reorientation project

- Training session for staff, with a focus on early intervention in anxiety, depression and suicide, were held in two regional locations.
- A manual and a training kit containing service brochures and information on a range of disorders were developed as ongoing resources.
- A Reference Group was formed to guide the project.

Follow-up evaluation

Workforce development

The training sessions have continued to raise awareness among staff about the importance of early intervention. The agency has a high staff turnover, so there is a constant need for further training. This is conducted by the mental health staff within the agency, who are the drivers for early intervention activities. There are now many programs in place that are framed in early intervention. Early intervention resources developed during the Auseinet project, including a manual and a training kit, are being further developed and used by the agency. Early intervention resources are updated on a regular basis:

> *... this is the role of the Community Development Officers. In Gladstone there is a resource library that is funded from state money.*

Organisational development

There is a continuing strong commitment to early intervention by the Chief Executive Officer, area managers and team leaders. Evidence of this is the growth of early intervention programs in mental health and other areas. Early intervention concepts are incorporated into the program manual, which guides program development and service delivery. Concurrent with the reorientation project, management encouraged staff to break from their functional groups and work collaboratively on issues. This has resulted in sharing of knowledge and a more coordinated approach to the delivery of services.

Resource allocation

As a consequence of the Auseinet reorientation project, Anglicare CQ has been able to demonstrate the need for early intervention programs to Queensland Health and has subsequently received further funding. They secured state government funding to employ one mental health education trainer and two family support staff in Longreach and Emerald. In 2000, they received funding to assess the mental health needs of young people in Mt Morgan.

Partnerships

Previously strained relationships with other agencies, resulting from different models and perspectives and perceived competition for resources, have been improved and strengthened. Anglicare CQ worked on raising its profile as a credible source of service delivery in welfare and community services and consistently pursued links with key people in other agencies. As a result of these efforts, interagency activity has developed for training, referral and the development of programs. Some joint facilities have been created. For example, a halfway house has been established in collaboration with mental health services to meet the complex needs of people with mental health problems. This exercise has been helpful in breaking down barriers between the agencies.

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Barriers

The biggest barrier to Anglicare CQ's ability to train staff in early intervention is geography. Anglicare CQ services a wide geographical area and there is generally a lack of resources in regional areas for people to attend workshops. At a very practical level, additional funding is required for the overnight accommodation of staff who must travel to attend training sessions.

Sustainability

The Auseinet project was useful in demonstrating the need for early intervention activity. The training enabled staff to continue with early intervention work and to develop new programs. Sustainability has emerged through additional funding from the state government to train new staff (due to a high staff turnover) and to develop further programs. Another factor in sustainability was that the reorientation project and early intervention concepts fitted well with the organisational structure of Anglicare CQ:

> *The Auseinet project was a success ... because it was added on to other programs [and] it fitted in with the structure of the organisation and the community mental health programs.*

Assessment at two and a half year follow-up

Anglicare CQ has sustained and expanded its early intervention activities since the end of the Auseinet funding period. They have demonstrated the need for early intervention activities and the capacity of community agencies to deliver these services.

Table 10. Summary of outcomes achieved by Anglicare CQ

Outcomes	Reorientation project	Follow-up
Workforce development		
Staff training	✔	✔
Training manual	✔	✔
Organisational development		
Reference group	✔	✔
Resource allocation		
Ongoing position	✔	✔
Partnerships		
Informal networking	✔	✔
Other		
Joint projects developed	-	✔

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Chapter 13

Discussion

Overview of early intervention activities

Most agencies had sustained or expanded their early intervention activities two and a half years after the reorientation project. The extent of reorientation ranged from conceptual shifts in staff knowledge and increased awareness and identification of mental health problems, through to extensive implementation of mental health promotion, prevention and early intervention programs and the development of partnerships with other agencies and the community.

Table 11 shows a summary of the capacity building strategies used by each of the agencies, indicating whether the strategies had been sustained, expanded or discontinued at two and a half year follow-up. In five of the eight agencies (Barrington Support Service, Lower Great Southern Primary Health Service, Mildura Aboriginal Corporation, Karawara Community Project and Anglicare CQ), further early intervention projects were conducted, the agencies were better able to detect mental health problems and target referrals, there was an increase in mental health awareness and literacy within the organisation and in the community, and increased support from the community.

One agency (Hunter Mental Health Service) noted that while the strategies developed in the reorientation project had not been sustained, the project had led to different ways of implementing early intervention activities and subsequent success with other projects. The remaining two projects (Children of Prisoners' Support Group and Child and Family Services) noted a marked change in early intervention ways of thinking and referrals although they did not have the resources to continue concrete projects.

Several of the agencies reported that the reorientation project had given them the confidence to undertake other projects or apply for further funding. All but two of the agencies considered that the reorientation projects served as a useful platform from which to either begin or expand early intervention activities. Most of the agencies also reported noticing a general change in mental health promotion, prevention and early intervention in the community.

Table 11. Summary of the capacity building strategies used by each of the agencies, indicating which had been sustained, expanded or discontinued at two and a half year follow-up.

Agency	Workforce development		Organisational development		Resource allocation		Partnerships	
	Reorientation	Follow-up	Reorientation	Follow-up	Reorientation	Follow-up	Reorientation	Follow-up
Government agencies								
Barrington Support Service Devonport, Tasmania	Staff training Evidence-based programs	Expanded Sustained	Steering committee Policy development Curriculum change	Sustained	Position to continue (in modified form)	Sustained	Formal - schools and CAMHS	Expanded
Lower Great Southern Primary Health Service & Albany District Education Office Albany, Western Australia	Staff training Evidence-based programs	Expanded Sustained	Steering committee Policy development Agency plans	Sustained Sustained Sustained	Position to continue	Sustained	Formal - interagency forum and plans	Expanded
Hunter Mental Health Services & Department of Community Services Newcastle, New South Wales	Staff training Resource folder Conjoint placements	Sustained Discontinued Discontinued	Policy development	Discontinued	Position to continue (in modified form)	New direction	Formal	Sustained
Child and Family Services Launceston, Tasmania	Staff training Service map	Sustained Discontinued	Umbrella Group	Discontinued	Position will not continue	Discontinued	Informal networks	Sustained
Non-government agencies								
Children of Prisoners' Support Group Sydney, New South Wales	Staff training Training manual Referral list	Discontinued Discontinued Discontinued	Policy development Steering Committee	Discontinued Discontinued	Funding sought for position to continue	Discontinued	Informal networks	Sustained
Mildura Aboriginal Corporation Mildura, Victoria	Staff training Training manual	Sustained n/a	Commitment to further training	Sustained	Funding sought for further training	Sustained	Informal networks	Sustained
Karawara Community Project Perth, Western Australia	Staff training Training kit	Sustained Expanded	Steering committee Management seminar	Sustained n/a	Funding sought	Sustained	Informal links	Sustained
Anglicare CQ Rockhampton, Central Queensland	Staff training Training manual	Expanded Sustained	Reference group Policy development	Sustained Sustained	Position to continue	Sustained	Informal links	Expanded

Towards the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000

The National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 (Commonwealth Department of Health and Aged Care, 2000a) summarises opportunities for promotion, prevention and early intervention for 15 priority groups. National activities that are specific to individual priority groups are outlined, along with process indicators and outcome indicators that apply to all of the groups.

The priority groups include ages across the lifespan (from perinatal and infants through young people through older adults), other priority populations (individuals, families and communities experiencing adverse life events, rural and remote communities, Aboriginal peoples and Torres Strait Islanders, and people from diverse cultural and linguistic backgrounds), and key strategic priority groups (consumers and carers, media, and health professionals and clinicians).

Together, the eight projects predominantly focus on five of the fifteen priority groups. Most of the projects address 'children 5-11 years' and 'young people 12-17 years' and all but two of them also address at least one other priority population. The activities, process indicators and outcome indicators achieved by the projects are summarised in Table 12.

The two school-based projects (Barrington Support Service and the Lower Great Southern Primary Health Service and Albany District Office collaboration) achieved many of the key national activities for school-aged children and young people and also made significant progress towards achieving the process and outcome indicators proposed in the National Action Plan 2000. Similarly, Mildura Aboriginal Corporation and Anglicare CQ achieved many of the activities and progress indicators proposed for their respective priority populations (i.e. 'Aboriginal peoples and Torres Strait Islanders' and 'Rural and remote communities'). These projects were also considered to have been successfully sustained, as judged against capacity building criteria (see previous section).

The four projects that addressed issues faced by 'individuals, families and communities experiencing adverse life events' did not achieve the activities proposed for this priority population in the Nation Action Plan 2000. It is worth noting that the three projects that had difficulty sustaining their reorientation activities (i.e. Hunter Mental Health Service and Department of Community Services, Child and Family Services, and Children of Prisoners' Support Group) all fall within this category. It should be noted, however, that these projects did achieve some of the activities proposed for 'children aged 5-11' and 'young people aged 5-17'.

Overall, the projects achieved many of the activities, process indicators and outcome indicators outlined in the National Action Plan 2000. There was a close match between the success of a project, as judged against criteria from the capacity building literature, and the extent to which it had moved towards the goals set out in the National Action Plan 2000 (Commonwealth Department of Health and Aged Care, 2000a).

Table 12. National Action Plan 2000 activities, process indicators and outcome indicators achieved by each of the projects.

Project	National Action Plan for Promotion, Prevention and Early Intervention			
	Priority groups addressed	National activities achieved	Process indicators achieved	Outcome indicators achieved
Barrington Support Service Lower Great Southern Primary Health Service & Albany District Education Office	Children 5-11 years Young people 12-17 years	• Promote MH literacy in schools • Implement school-based prevention programs • Support teachers and other staff to identify and refer MH problems • Intervene early with children and young people showing signs of MH problems • Establish links with services to provide treatment and monitoring	• Increased monitoring of MH problems • Evidence-based PPEI programs • Early identification & appropriate referrals • Community MH education • Professional education and training • Collaborations and partnerships	• Increased MH literacy • Enhanced social support & community connectedness • Increased investment in evidence-based programs
Hunter Mental Health Service & DOCS Child and Family Services Children of Prisoners' Support Group Karawara Community Project	Children 5-11 years Young people 12-17 years	• Intervene early with children and young people showing signs of MH problems • Establish links with services to provide treatment and monitoring	• Increased monitoring of MH problems • Early identification & appropriate referrals • Professional education and training • Collaborations and partnerships	• Increased MH literacy
	Individuals, families & communities experiencing adverse life events	-	• Increased curricula content in MH professional and education programs (Hunter Mental Health Service)	
Mildura Aboriginal Corporation	Children 5-11 years Young people 12-17 years	• Intervene early with children and young people showing signs of MH problems • Establish links with services to provide treatment and monitoring	• Increased monitoring of MH problems • Early identification & appropriate referrals • Professional education and training	• Increased MH literacy • Enhanced social support & community connectedness
	Aboriginal peoples and Torres Strait Islanders	• Support communities to develop and evaluate culturally appropriate interventions	• Aboriginal community ownership • Culturally appropriate MH initiatives	
Anglicare CQ	Children 5-11 years Young people 12-17 years	• Intervene early with children and young people showing signs of MH problems • Establish links with services to provide treatment and monitoring	• Increased monitoring of MH problems • Early identification & appropriate referrals • Community MH education • Professional education and training • Collaborations and partnerships	• Increased MH literacy
	Rural and remote communities	• Identify effective prevention approaches • Identify effective early intervention approaches • Improve access to MH services in rural and remote communities	• Employment of workers with PPEI skills in rural and remote areas	

MH = mental health PPEI = Promotion, prevention and early intervention DOCS = Department of Community Services

Predictors of sustainability

We have developed a list of predictors of sustainability from the literature on capacity building and illustrated each predictor with examples from the follow-up evaluation. The list is shown in Table 13 (again following the capacity building framework outlined by NSW Health Department, 1998, 2001) and discussed below. Most of the predictors are relevant to all of the agencies, but the particular strategies they used were applied in unique ways and according to the needs of the agency, their clients and the community. The predictors are presented as a useful guide for others wishing to reorient their services, but are not intended to be prescriptive.

Table 13. Predictors of sustainability

Predictors of sustainability
Workforce development
Up-skilling of workforce (Gray & Casey, 1995; Hawe et al., 1997)
Staff commitment to an early intervention approach (Gray & Casey, 1995)
Reframing current practice to an early intervention approach
Tailoring early intervention activities to the local context (NSW Health, 2001)
Organisational development
Management support for early intervention activities (Gray & Casey, 1995; NSW Health, 2001)
Reference group to guide activities (Gray & Casey, 1995)
An organisational culture that supports an early intervention approach (Hawe et al., 1997)
Fit of early intervention activities with the policy structure of agency (NSW Health, 2001)
Absorption of early intervention into the agency's everyday practices (Hawe et al., 1997)
Agency's ability to problem solve (Hawe et al., 1997)
Resource allocation
Dedicated driver of early intervention activities (NSW Health, 2001)
Funding to support activities (NSW Health, 2001)
Access to information and specialist advice (NSW Health, 2001)
Partnerships
Informal links with other agencies (Hawe et al., 1998)
Formal interagency partnerships (NSW Health, 2001)
Interest in activities from other agencies (Hawe et al., 1997)
Community interest and support for early intervention activities

Workforce development

Up-skilling of the workforce (Gray & Casey, 1995; Hawe et al., 1997)

Up-skilling the workforce is essential for sustainability. All of the agencies devoted a great deal of time and effort to improve the mental health literacy of their staff. Awareness of mental health problems led to earlier identification and referrals in all agencies. Opportunities for ongoing mental health education exist within most of the agencies. Some of the agencies (e.g. Barrington Support Service and Lower Great Southern Primary Health Service) have developed extensive training sessions not only for their own staff, but also for people from other agencies and the broader community.

Most of the agencies developed tailored resource kits or training manuals during the reorientation project and many were still being used at follow-up. One of the agencies (Karawara Community Project) developed an early intervention kit which was designed for use by the non-specialist staff in their own agency but which has been purchased by other agencies and some government departments.

Staff commitment to an early intervention approach (Gray & Casey, 1995)

Staff in most of the agencies showed a strong commitment to early intervention principles, but were often battling heavy workloads. Reorienting to an early intervention approach required up-skilling and education as well as changes in practice. For many staff this was an added workload and required a commitment to early intervention.

Reframing current practices to an early intervention approach

Several of the agencies reframed their services to an early intervention approach rather than adding to the existing workload of the staff. This was an effective and sustainable strategy. For example, at Barrington Support Service and Lower Great Southern Primary Health Service teachers were targeted to improve their approach to mental health promotion and early intervention. A successful strategy was to modify the way the teachers were working with children around mental health promotion instead of adding extra duties on top of their existing practices.

Tailoring early intervention activities to the local context (NSW Health, 2001)

The reorientation projects demonstrated the value of adapting early intervention concepts and practice to the local context. This involved tailoring action to the demand of the agency and the workload of the staff. Ownership of the projects by the agencies was particularly important. Each agency operated in a unique environment with their own set of challenges. Flexibility in the development of the project allowed for the success of most projects in overcoming obstacles and challenges.

Organisational development

Management support for early intervention activities (Gray & Casey, 1995; NSW Health, 2001)

Management support for early intervention practices was intrinsic to the success of the reorientation process. In many agencies, support from management resulted in improved teamwork to meet the objectives of the reorientation project. Management support also led to early intervention activities becoming incorporated into policy documents and therefore reorienting services in a formal sense (e.g. Lower Great Southern Primary Health Service). Support from management generally led to organisational change and sustainability around early intervention practices. In agencies where management support was not strong (e.g. Child and Family Services), reorientation was less likely to be sustained.

Reference group to guide activities (Gray & Casey, 1995)

All of the agencies developed reference groups (or steering committees, consultative committees, umbrella groups) to guide their early intervention activities. The establishment of a reference group was an effective way to keep early intervention on the agenda and there were additional benefits when the reference group comprised not only staff from within the agency, but also key people from other agencies or the community. Smaller agencies (e.g. Karawara Community Project and Mildura Aboriginal Corporation) can develop or strengthen links with other agencies and at the same time raise their own profile in the community, while larger agencies (e.g. Lower Great Southern Primary Health Service) can establish formal partnerships and develop collaborative models that can be replicated by other services.

An organisational culture that supports an early intervention approach (Hawe et al., 1997)

It was interesting to note that the rate of educational uptake was more dependent on the organisational culture of the agency than their prior interest in mental health or early intervention. As the individual agency results show, some agencies (e.g. Barrington Support Service and Anglicare CQ) had organisational cultures that supported further education in mental health. In these agencies early intervention concepts became absorbed into the everyday functioning of the agency. This resulted in their services successfully reorienting to an early intervention approach and led to a greater likelihood of being sustained. In other agencies it was evident that the organisational culture was focused around crisis intervention (e.g. Department of Community Services) or there were other priorities (e.g. Child and Family Services). In these agencies, staff still experienced a conceptual shift in their knowledge of early intervention, but formalised early intervention initiatives and practices did not follow.

Fit of early intervention activities with the policy structure of agency (NSW Health, 2001)

Long-term sustainability appeared to be dependent on the absorption of early intervention concepts into the agency's policy framework and organisational structure. Sustainability was enhanced when early intervention activities slotted into an existing structure. Some agencies (e.g. Mildura Aboriginal Corporation and Anglicare CQ) have reoriented from working in functional groups to now working as units or enhancing teamwork to better meet the clients' needs with a whole of services approach.

Concrete rather than conceptual shifts were noted in agencies where the organisational and policy framework supported early intervention activity (e.g. Lower Great Southern Primary Health Service and Barrington Support Service). This often resulted in the formal application of early intervention concepts to service provision. Benefits of an early intervention approach were then demonstrated (e.g. Karawara Community Project) and served as a base from which to secure funding for future early intervention activities.

Absorption of early intervention into the agency's everyday practices (Hawe et al., 1997)

The agencies that ran discrete practical projects (e.g. Barrington Support Service, Lower Great Southern Primary Health Service and Karawara Community Project) tended to be more successful and could demonstrate outcomes to schools, government departments and the community. Agencies that only altered an aspect of their service provision (e.g. Child and Family Services and Children of Prisoners' Support Group) had less dramatic evidence to confirm the success of early intervention practices. Changes in service provision are seen gradually over time and require attitude change and up-skilling of staff as well as significant restructuring of the organisation and its policies. Given the short time frame of this project, successful reorientation was a significant achievement.

Agency's ability to problem solve (Hawe et al., 1997)

Reorienting services to an early intervention approach to mental health within a short period of time required planned action. The agencies that were successful problem-solvers found innovative and creative means to overcome barriers and meet their objectives. Barrington Support Service worked with the local community to raise money to fund an evidence-based program in the local schools. Anglicare CQ was situated in a community with poor interagency links. Building links in this instance was not achieved through formal processes but rather through contacting key people in another agency. Through frequent contact, early intervention was placed on the agenda in the other agency and referrals were more successful. This process was slow but resulted in a joint community project.

Resource allocation

Presence of a dedicated driver of early intervention activities (NSW Health, 2001)

The presence of a driver was a motivating and coordinating force and a significant predictor of success in the early stages of the projects. Ideally, a key member of staff shared the responsibility for driving a project with management so that the initiatives could be absorbed into the agency. In two of the agencies where management support was lacking (Child and Family Services and Children of Prisoners' Support Group), early intervention activities ceased once the driver had left the agency.

Funding to support activities (NSW Health, 2001)

Agencies felt that the sustainability of the projects was mostly dependent on funding. Seed funding was perceived as useful for platform activities, but all agencies identified the marked need for more funding to sustain and expand early intervention activities.

Access to information and specialist advice (NSW Health, 2001)

Information about early intervention is growing rapidly and can be accessed through libraries and online databases. It can also be developed by individual agencies to suit their own needs and used in-house or shared with other agencies. During the reorientation projects, all of the agencies prepared their own training manuals and resource packages as references for staff. In most cases, these reference sources were still being used at follow-up or were being further developed (e.g. Karawara Community Project).

Some of the agencies sought specialist advice by making formal arrangements with mental health services to train their staff (e.g. Barrington Support Service) or to give advice on particular mental health issues being experienced by their clients (e.g. Karawara Community Project). Other agencies invited a range of specialist guest speakers to present different topics as part of their training programs.

Partnerships

Informal links with other agencies (Hawe et al., 1998)

All of the agencies put considerable energy into establishing or strengthening relationships with other agencies and the broader community. This led to joint projects for some agencies (e.g. Anglicare CQ) and increased community support and awareness around early intervention (Lower Great Southern Primary Health Service and Barrington Support Service). Agencies that were unable to sustain their reorientation strategies after the seed funding period (e.g. Children of Prisoners' Support Group) still maintained their informal links with other agencies.

Several of the projects (Karawara Community Project, Mildura Aboriginal Corporation and Anglicare CQ) demonstrated that community agencies have the capacity to take a preventative approach to mental health issues. However, they often do not have the skills to manage people with mental health problems and need to refer to mental health services. Effective interagency links can have direct benefits for clients as they often facilitate continuity of care from detection through to treatment.

Formal interagency partnerships (NSW Health, 2001)

Most of the agencies demonstrated the practical benefits of early intervention to other agencies and the broader community. One project in particular demonstrated the potential of a developing a formalised, collaborative approach to mental health. Lower Great Southern Primary Health Service's worked with the Albany District Education Office to develop extensive interagency plans and agreements that involved fourteen local agencies. This has been a successful model of collaboration that has generated a great deal of interest. Their training programs have expanded to include teachers and parents as well as agency staff and their work has been replicated across other regions of Western Australia.

Interest in activities from other agencies (Hawe et al., 1997)

Most agencies reported outside interest from other local agencies as well as from other regions in the state. Karawara Community Project had interstate interest in the educational package that they had developed in the reorientation project. The formal interagency collaborations developed by Lower Great Southern Primary Health Service have been replicated in other areas of the state. Interest by government departments and funding bodies resulted in further funding for early intervention activity and was a mark of success of the influence of the project on the community.

Community interest and support for early intervention activities

Most of the reorientation projects noted community interest and support for early intervention activities. For example, the community lent its support to Barrington Support Service by raising funds to maintain a prevention program within schools. Lower Great Southern Primary Health Service developed a high profile in their community by liaising with the local newspaper and radio station to run stories about mental health issues. They found evidence of a problem-solving capability beginning to emerge when the community banded together to help local farmers through a crisis. Witnessing practical outcomes of early intervention activities, such as helping children or people in the community who had attended services, resulted in communities becoming supportive of mental health promotion and talking about mental health more. This had the added benefit of helping to reduce stigma around mental illness.

Barriers to reorientation

During the reorientation projects, the agencies were asked not to implement early intervention strategies directly with clients. Rather, they were asked to focus on putting the mechanisms for sustainable reorientation firmly in place by skilling staff in early intervention, developing policies and plans and fostering interagency partnerships. At the end of the projects, the main barriers to reorientation were high staff turnover, heavy workloads and insufficient funding. These barriers were still present at follow-up and, as many of the agencies had expanded their early intervention activities to include working with clients, some new (though not unexpected) barriers had emerged. These were the capacity of mental health services to take referrals and disparities between models of service delivery.

Staff turnover and workloads

High staff turnover rates are a reality in many agencies. Time and resources need to be devoted to training new staff in early intervention and this can often interfere with the continuity of early intervention practices. This is an important issue that needs to be acknowledged by agencies with similarly high staff turnover. It is not, however, a unique consequence of reorienting to an early intervention approach. Most of the agencies identified heavy workloads as a barrier to reorienting services. As discussed above, several of the agencies dealt with this problem by reframing duties to an early intervention approach rather than adding to the existing workload.

Funding

Sustainability was dependent on the interaction of a number of factors. It was not tied exclusively to funding. The findings of this evaluation suggest that seed funding is useful to create sustainable changes in early intervention if it is coupled with a strategy around capacity building that includes management support and direction, commitment of staff and the development of formal and informal interagency partnerships. Nonetheless, vying for funds to expand early intervention programs created a sense of instability in some agencies.

Capacity of mental health services

The agencies that participated in the reorientation projects provided services to children and young people but typically did not have a specialised mental health workforce. Many agencies found that once they had identified young people at risk of or displaying early signs of mental health problems, it was difficult to refer clients to mental health services. This was due to the high demand on mental health services or to the reluctance of mental health services to manage early intervention cases.

As more agencies and schools become skilled at identifying young people at risk of developing or showing early signs of mental health problems, it will become increasingly necessary to identify programs or services to which they can be referred. This raises the broader issue of whether there is capacity within mental health services to deal with early intervention cases. It also constitutes a supply issue. Specialists need to be available to carry through treatment and management of early intervention cases in order to deliver potential long-term benefits.

Service delivery models

Differences in organisational cultures and service delivery models often resulted in strained interagency links. Many of the agencies found it more difficult to refer clients to agencies that functioned from medical or crisis intervention models than to agencies that adopted a holistic, systems approach to the care of clients. Despite this, some of the agencies involved in the reorientation process had successfully established links (formal or informal) with some of the former types of agencies.

Evidence for the benefits of promotion, prevention and early intervention approaches for mental health is mounting from a range of sources. These include evidence-based programs, longitudinal studies and national action plans. Successful, practical examples are beginning to emerge. While there will remain a need for crisis care provision, it may be timely to reorient aspects of mental health services to cater for promotion, prevention and early intervention activities.

Lessons learned from the reorientation process

There is a great deal of enthusiasm for early intervention

At the end of the reorientation projects, we commented that there was a great deal of interest in early intervention from the staff, managers and volunteers in the agencies and that it was important to allow the projects to expand to capture the enthusiasm (O'Hanlon et al., 2000). Two and a half years later, the enthusiasm is still palpable. Many people working in the host agencies were already using early intervention approaches before the reorientation projects commenced and this is probably true of many other agencies. The location of existing practices within an early intervention framework helped to provide a theoretical basis for some of the work that was already underway.

Agencies need support to reorient their services

Auseinet did not simply provide funds to the agencies. We developed a model of collaboration and intensive support to guide the reorientation process (see O'Hanlon et al., 2000). We considered this approach to be necessary for several reasons. The reorientation of services to an early intervention approach was a new endeavour. While there is now a steadily growing body of work on early intervention in Australia, at the start of the projects there was a lack of practical material on which to base an early intervention approach.

The agencies had demonstrated in their tenders that they had the potential to reorient their services and that they intended to continue to use an early intervention approach after the withdrawal of funding. However, these preconditions do not automatically translate into change. It was essential to work closely with the managers of the agencies and the reorientation officers to develop tailored strategies to maximise the chances of the reorientation being achieved. The reorientation officers had backgrounds in mental health but for many of them early intervention and reorientation were new concepts. Therefore, it was essential to work closely with them, to share early intervention information sources, monitor progress and provide assistance with reporting requirements.

The level of intensive support that was provided in the seed funding phase may not be available or necessary in subsequent phases. It is interesting to note that at follow-up the agencies in which management provided commitment, guidance and support were more likely to have sustained or expanded the strategies that had been developed during the reorientation project.

There is an ongoing need for mental health education

The reorientation of services projects have demonstrated the need for ongoing education in mental health. The agencies involved in this project were selected because they had an existing interest in early intervention and had supportive conditions to develop potentially sustainable outcomes. Education in early intervention and mental health was critical for successful reorientation. The formalisation of early intervention activities into training programs further enhanced the likelihood of sustainability. Agencies that have existing knowledge of early

intervention and mental health can more easily adapt to the reorientation process. There may be other issues in reorienting agencies that do not have a pre-existing interest in or knowledge of early intervention. In these agencies, evidence of the effectiveness of early intervention initiatives may need to precede formal reorientation activities.

Projects and programs need to be evaluated

In order to demonstrate the benefits of an early intervention approach, and to secure ongoing commitment and funding, it is critical to evaluate projects and programs. Typically, small agencies do not have the resources or expertise to conduct formal evaluations. NSW Health Department (Hawe et al., 2000) has developed indicators to help with capacity building in health promotion. Their series of checklists includes assessing: the learning environment of a team or project group, the capacity for organisational learning, the strength of a coalition, and the likelihood of a program to be sustained. The internal consistency and inter-rater reliability of the checklists have been established. Their predictive validity is beginning to be assessed. The checklists were not available when the Auseinet reorientation projects were completed in 1999. While the checklists do not replace formal evaluations, they may be a useful resource for agencies wishing to quantify their efforts in capacity building. Agencies might also consider contacting local universities and colleges to seek help with evaluation activities.

Conclusion

The reorientation process adopted by Auseinet has been sustained in most of the eight agencies and has led to further early intervention activity for mental health. It was clear that sustainability was tied heavily, but not exclusively, to funding. Reorientation of services was most often achieved where there was also commitment from staff and management to an early intervention approach and where partnerships had been developed with other agencies and the broader community. Most agencies supported the need for interagency collaboration to better meet the needs of the young people who access their services. All of the agencies expressed concern about the load on mental health services, which often translated into barriers with referrals.

Replication of this process, with modifications to suit individual needs, is recommended for other agencies with an interest in reorienting their services toward an early intervention approach to mental health. The reorientation projects have demonstrated that although the eight agencies differed in their geographical location, client base and service delivery models, the opportunities and barriers they experienced were common. It is encouraging to note that although the agencies did not contain a specialist mental health workforce most of them successfully raised their awareness of early intervention and reoriented their practices to an early intervention approach.

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Appendix A

Interview schedule

1. **Project information**
   Agency name
   Description

   Date of interview
   Duration of interview
   Interviewee(s)

2. **Meaning of early intervention in the agency**
- Is the reorientation project still running in the agency?
- What is the meaning of early intervention in the context of your agency?

3. **Skills and education of staff**
- Have skills increased across the organisation in regard to early intervention?
- Have other staff in the organisation been affected by Auseinet work?
  For example, have project officers incorporated early intervention ways of thinking into future projects?
- Is early intervention information (e.g. resources etc) updated on a regular basis?
- Are training sessions on early intervention held on a regular basis?

4. **Policy/management level and organisational change**
- Is management committed to an early intervention approach?
- Are the staff members committed to an early intervention approach?
- Does your organisation have an early intervention strategy?
- Do you feel that your organisation has changed as a result of the reorientation of services project?
- Have early intervention concepts ended up in policy documents in your organisation?
- Have the reorientation principles been officially endorsed by senior management and/or health boards (Gray & Casey, 1995)?
- Does the agency have a good problem-solving capacity (e.g. better interagency dealings, different allocation of resources), when it comes to early intervention? (Hawe et al., 1997 suggest this as a level of capacity building).
- Is early intervention a regular activity of the agency now (Hawe et al., 1997)?

5. **Interagency links**
- Has the agency established links with other agencies for early intervention activities?
- Has this been productive?

6. **Immediate gains**
- What health gains, if any, have been noted that did not relate directly to the aim of the reorientation (multiplier effect - NSW Health Department, 1998)? e.g. aimed to support children and young people, but referrals increased in adults as well.

7. **Long term effects**

- Has the early intervention project produced a change in the community i.e. changes in other community sectors? To what extent? For example, did it reach and penetrate the population (Hawe et al.,1997)?

8. **Success/failure**

- What has been the agency's measure of success and failure?
- Has the agency met their desired outcomes for their early intervention project?
- Have there been barriers to an early intervention approach within the organisation?
- If the program is not running, were other alternative paths to early intervention created and pursued? That is, did the pilot program inform other activities even if didn't continue in the same form?
- Was the Auseinet reorientation an investment in the organisation (Hawe et al., 1997)?

9. **Funding**

- How is the agency funding early intervention activities now that Auseinet funding has finished?

10. **Sustainability**

- How were changes made sustainable?
- is funding an issue in sustainability?
- Has an early intervention process been continued e.g. by ongoing education, the continuation of the mental health worker position or interagency links?
- What is the extent to which the early intervention program's components and activities were adopted or absorbed into the regular activity of the community agency after the seed grant had finished (NSW Health Department, 1998)?
- What types of barriers e.g. political, cultural, technological (Lefebvre, 1992) can be identified to long-term sustainability?

Auseinet

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